

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 05 2024
 LOS ANGELES COUNTY
 Date Stamp
 2024 FEB -5 PM 12:31
 PROPOSITION B UNIT
 497 CONTRIBUTION REPORT

NAME OF FILER
 Maria Ramirez for District Attorney 2024

AREA CODE/PHONE NUMBER (626) 915-7635
I.D. NUMBER (if applicable) 1457090

STREET ADDRESS

CITY Covina **STATE** CA **ZIP CODE** 91722

Date of This Filing 02/05/2024

Report No. 5

Amendment to Report No. _____
 (explain below)

No. of Pages 1

CALIFORNIA FORM 497
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1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/05/2024	Renee Campbell Rancho Palos Verdes Estates, CA 90274	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy District Attorney Los Angeles District Attorney	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee