

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 08 2024 EM
 LOS ANGELES COUNTY 497 CONTRIBUTION REPORT
 Date Stamp
 2024 FEB -8 PM 2:0
 CALIFORNIA FORM 497
 For Official Use Only
 PROPOSITION B UNIT

| | | | |
|--|---|--------------------------|--|
| NAME OF FILER Maria Ramirez for District Attorney 2024 | | | Date of This Filing 02/08/2024 |
| AREA CODE/PHONE NUMBER (626) 915-7635 | I.D. NUMBER (if applicable) 1457090 | | Report No. 7 |
| STREET ADDRESS c/o | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) |
| CITY Covina | STATE CA | ZIP CODE 91722 | No. of Pages 1 |

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 |
|---------------|---|---|---|---|
| 02/08/2024 | Latinas Lead CA Long Beach, CA 90802 Committee ID # 891143 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 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 |

*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

Reason for Amendment: _____