

# 497 Contribution Report

Amounts may be rounded to whole dollars.

FEB 27 2024  497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Maria Ramirez for District Attorney 2024		<b>Date of This Filing</b> 02/27/2024	RECEIVED BY LOS ANGELES COUNTY 2024 FEB 28 AM 8:05 PROPOSITION B UNIT	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (626) 915-7635	I.D. NUMBER (if applicable) 1457090	<b>Report No.</b> 15		
STREET ADDRESS		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
CITY Covina	STATE CA	ZIP CODE 91722		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
02/27/2024	CA Teamsters Public Affairs Council Public Affairs Fund Sacramento, CA 95814 Committee ID # 742500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,500.00  <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: \_\_\_\_\_