497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

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NAME OF FILER	0.004	Date of This Filing 03/05/2024 LOS ANGELES COUNTY FORM 497					
	or County Supervisor 2024						
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Report No. 3	Report No. 3/5/24-41 2024 MAR -6 AM 8: 18				
STREET ADDRESS		Amendmoto Report No (explain below)		OPOSITION B UNIT			
CITY	Y STATE ZIPCODE						
Sacramento	CA 95814	No. of Pages1					
1. Contribution(s	Received			,			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ITRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMP (IF SELF-EMPLOYED, ENTER NAME OF E			
03/05/2024 War	rner Bros Discovery		□IND		1,500.0		
Bur	rbank, CA 91522		COM OTH PTY		☐ Check if Loan		
			□ scc		Provide interest rate		
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			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Provide interest rate		
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Reason for Amendment	t:			*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribut			