497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

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NAME OF FILER
Nathan Hochman for LA District Attorney 2024

AREA CODE/PHONE NUMBER: (949) 858-7448

I.D. NUMBER *(if applicable)*: 1459571

STREET ADDRESS:

CITY: Irvine | STATE: CA | ZIP CODE: 92618

Date of This Filing 08/21/2024

Report No. 2024-55

☐ **Amendment to Report No.** _____ (explain below)

No. of Pages 1

Date Stamp

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
08/20/2024	Harjinder Singh Porter Ranch, CA 91326	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Franchise 7-Eleven	1,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____