

497 Contribution Report

Amounts may be rounded to whole dollars.

SEP 23 2024 **EM**

497 CONTRIBUTION REPORT

RECEIVED BY
LOS ANGELES COUNTY
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PROPOSITION B UNIT

CALIFORNIA FORM 497

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NAME OF FILER Angelenos for Hochman for DA 2024			Date of This Filing 09/23/2024
AREA CODE/PHONE NUMBER (916) 442-7757	I.D. NUMBER (if applicable) 1474224		Report No. 330501-09
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 1

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
09/21/2024	Frank E. Baxter Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	3,000.00 <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