

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER California Working Families Party			Date of This Filing 10/08/2024	RECEIVED BY LOS ANGELES COUNTY 2024 OCT -9 AM 8:18 PROPOSITION B UNIT OCT 08 2024 EM	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 917-336-0422	I.D. NUMBER (if applicable) 1438874		Report No. 2024-1008-8		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Brooklyn	STATE NY	ZIP CODE 11201	No. of Pages 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Nathan Hochman				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD District Attorney	DISTRICT NO.	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2024	Website design & hosting	\$1,308.70

Reason for Amendment _____