

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Angelenos for a Safer LA, Supporting Nathan Hochman for District Attorney 2024

AREA CODE/PHONE NUMBER
(202) 552-0221

I.D. NUMBER (if applicable)
1475942

STREET ADDRESS

CITY
Washington

STATE DC **ZIP CODE** 20003

Date of This Filing 10/17/2024

Report No. 1017-1

Amendment to Report No.
(explain below)

No. of Pages 1

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LOS ANGELES COUNTY
Date Stamp

2024 OCT 18 AM 8:31

PROPOSITION B UNIT

OCT 17 2024 EW

CALIFORNIA FORM 497

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1. Contributions 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
10/16/2024	John Hering San Francisco, CA 94111-5386	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Chairman Lookout	\$125,000. <input type="checkbox"/> Check if Loan ⁰⁰ % 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