

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY OCT 16 2024 **EM**  
 LOS ANGELES COUNTY 497 CONTRIBUTION REPORT  
 Date Stamp: 2024 OCT 16 PM 3:52  
**CALIFORNIA FORM 497**  
 For Official Use Only  
 PROPOSITION B UNIT

NAME OF FILER Angelenos for Hochman for DA 2024			Date of This Filing 10/16/2024
AREA CODE/PHONE NUMBER (916) 442-7757	I.D. NUMBER (if applicable) 1474224		Report No. 330501-19
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 (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
10/15/2024	Bruce Stern Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Swat Fame	5,000.00 <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