

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER FIREFIGHTERS SUPPORTING NATHAN HOCHMAN FOR DISTRICT ATTORNEY 2024			Date of This Filing 10/22/2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1476163		Report No. 10222024	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY LOS ANGELES	STATE CA	ZIP CODE 90026	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
10/21/2024	CALIFORNIA APARTMENT ASSOCIATION INDEPENDENT EXPENDITURE COMMITTEE SACRAMENTO, CA 95814 Committee ID # 1294628	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		49,500.00 <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
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*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: _____