497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY OCT 28 2024
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Angelenos for Hochman for DA 2024		10/28/2024	2024 OCT 28 PM 4:2	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No. 330501-22	PROPOSITION B UNIT	
(916)442-7757	1474224	☐ Amendment to Report No. _____ (explain below)		
STREET ADDRESS		No. of Pages 1		
CITY / STATE / ZIP CODE				
Sacramento / CA / 95814				

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
10/25/2024	Karl Rosengren Los Angeles, CA 90068	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Entrepeneur Self Employed	2,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

*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: _____