497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER		Date of This Filing	Date Stamp	CALIFORNIA FORM 497
Supervisor Janice Hahn 2016 Officeholder		9/18/2025	2025 SEP 19 AM 8:04	For Official Use Only
AREA CODE/PHONE NUMBER: (213) 452-6565	I.D. NUMBER (if applicable): 1394146	Report No. 091825A	PROPOSITION B UNIT	
STREET ADDRESS		☐ Amendment to Report No. (explain below)		
CITY: Los Angeles	STATE: CA ZIP CODE: 90071	No. of Pages 2		

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

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

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RECEIVED BY
LOS ANGELES COUNTY
2025 SEP 19 AM 8:05
PROPOSITION B UNIT

NAME OF FILER Supervisor Janice Hahn 2016 Officeholder		**Date of This Filing** 9/18/2025 **Report No.** 091825A ☐ **Amendment to Report No.** (explain below) **No. of Pages** 2	Date Stamp
AREA CODE/PHONE NUMBER (213) 452-6565	**I.D. NUMBER (if applicable)** 1394146		
STREET ADDRESS 445 S. Figueroa St. Suite 2400			
CITY Los Angeles	**STATE** CA / **ZIP CODE** 90071		

CALIFORNIA FORM **497**

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/17/2025	Los Angeles County Democratic Party - Issues & Advocacy Committee 445 S Figueroa St Ste 2400 Los Angeles, CA 90071-1624 ID: 744554		$1,950.00	11/04/2025

Reason for Amendment: _____