497 Contrib	ution Report		Amou	ınts may be rounded to w	hole dollars.	RECEIVED BY 4970	ONTRIBUTION REPORT
NAME OF FILER				Date of		LOS Ambarestant COUN CALIF	ORNIA 407
Maria Ramirez	for District Attorney	2024		This Filing _	12/12/2023		497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			ble)			2023 DEC 12 AM 9: 20 For	Official Use Only
(626) 915-7635 1457090				Report No. 1		PROPOSITION B UNIT	
STREET ADDRESS				☐ Amendme		, was corride a divil	
CITY		STATE	ZIP CODE	(explain below)			
Covina		CA	91722	No. of Pages	2		
1. Contributi	on(s) Received					IE AN INDIVIDUAL	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/06/2023	Greg Waskul La Caada Flintridge, CA 91011					President Waskul World Wide Communications	1,500.00
				·	☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
12/07/2022	Erika Morales					Paunding Paulines	Provide interest rate
12/07/2023	Whittier, CA 90601				IND COM OTH	Founding Partner Morales And Morales Inc	1,500.00
					scc		Provide interest rate
12/08/2023	LMG Cahuenga/Valley Glendale, CA 91207	r LLC(Leonor G. V	Jalls)		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1,500.00
							Provide interest rate
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Committee (ot OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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NAME OF FILER		Date of This Filing 12/12/2023		Date Stamp	CALIFORNIA 497			
Maria Ramirez for District Attorney 2024				This Filing	12/12/2023	1	FOR	.ivi
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Damant No. 1		,	For	Official Use Only
(626) 915-7635		1457090		Report No. 1				
STREET ADDRESS			Amendment					
CITY '		STATE	ZIP CODE	(explain below)				
Covina		CA	91722	No. of Pages2				
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBI			UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
12/09/2023	Mike Martin Bradbury, CA 91008				IND ☐ COM	Commercial Insurance Bro Bolton Ima	oker	1,500.00
					☐ OTH ☐ PTY ☐ SCC			Check if Loan "" Provide interest rate
12/09/2023	Gladys Gonzalez					Lost Found Connect		1,000.00
12/09/2023	Santa Clarita, CA 9	01350			IND COM OTH PTY SCC	Lost Found And Connect		Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan
Reason for Amend	ment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness ent	ity)