

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
JAN 30 AM 9:02
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER ERIC SAPETTO SIDDALL FOR DISTRICT ATTORNEY 2024			Date of This Filing <u>01/29/2024</u>		Date Stamp JAN 30 AM 9:02		CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200		I.D. NUMBER (if applicable) 1462682		Report No. <u>01292024</u>			
STREET ADDRESS							
CITY LOS ANGELES		STATE CA		ZIP CODE 90071			
<input type="checkbox"/> Amendment to Report No. _____ (explain below)							
No. of Pages <u>1</u>							

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
01/27/2024	DONESH OLYAIE LOS ANGELES, CA 90036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING DIRECTOR KEURIG DR. PEPPER	1,500.00 <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
		<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

*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: _____