							CONTRIBUTION REPOR
NAME OF FILER				Date of This Filing 01/26/2024		O' I CIII	ORNIA 497
	IDDALL FOR DISTRICT A					hrankura Kuno. D	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Report No. 01262024B			r Official Use Only	
(213) 624-6200 1462682			Neport No.		ROPOSITION B UNIT		
STREET ADDRESS				Amendment to Report No.			
CITY	TY		ZIP CODE	(explain below)			
LOS ANGELES					es2		
1. Contribution	on(s) Received					4	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTI			RIBUTOR	CONTRIBUTOR ENTER OCCUPATION CODE * (IF SELF-EMPLOYED, ENTER		AMOUNT RECEIVED
01/25/2024	GLOBAL PEST MANAGEM			☐ IND☐ COM☐ OTH☐ PTY		2,000.0	
	COMPTON, CA 90221					☐ Check if Loan	
					□ scc		Provide interest rate
01/25/2024	MCGREGOR LAW CORP.				☐ IND		1,500.0
	TORRANCE, CA 90501				COM OTH PTY SCC		☐ Check if Loan
							Provide interest rate
01/25/2024	STUDEX CORPORATION				☐ IND		2,000.0
	GARDENA, CA 90248			COM OTH PTY SCC		☐ Check if Loan	

497 Contribution Report Amount					RECEIVED BY JAM	JAN 2 6 2024 €M 497 CONTRIBUTION REPORT	
NAME OF FILER ERIC SAPETTO SIDDALL FOR DISTRICT ATTORNEY 2024					Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (213) 624-6200 1462682					Fo	For Official Use Only	
STREET ADDRESS							
	STATE	ZIP CODE	(explain below) No. of Page	s2			
Received			*				
		TRIBUTOR CONTRIBUTOR CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUSE			
				<pre></pre>	RETIRED	1,000.00	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————	
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if Loan Provide interest rate	
	I.D. NUMB 1462682 Received FULL NAME, STREET A	I.D. NUMBER (if applicabed) 1462682 STATE CA Received FULL NAME, STREET ADDRESS AF (IF COMMITTEE, ALSO FEDERAL COMMITTEE, ALSO FEDERAL COMMITTEE, ALSO FEDERAL COMMITTEE (IF COMMITTEE)	I.D. NUMBER (if applicable) 1462682 STATE ZIP CODE CA 90071 Received FULL NAME, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER I.D. NUMBER) EN TRUTANICH	FOR DISTRICT ATTORNEY 2024 I.D. NUMBER (if applicable) 1462682 Report No. STATE ZIP CODE CA 90071 Received FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) EN TRUTANICH	Date of This Filing	Date of This Filing 01/26/2024 DAN 29 AM 8: 15 LD. NUMBER (if applicable) L462682 DAN 29 AM 8: 15 Amendment to Report No. 01262024B DAN 29 AM 8: 15 Amendment to Report No. (explain below) No. of Pages 2	