

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY CONTRIBUTION REPORT

<b>NAME OF FILER</b> MITCHELL FOR DISTRICT ATTORNEY 2024		<b>Date of This Filing</b> 02/01/2024	2024 FEB -1 AM 11:11 CALIFORNIA FORM <b>497</b> PROPOSITION B UNIT <small>For Official Use Only</small>
<b>AREA CODE/PHONE NUMBER</b> (310) 817-6679	<b>I.D. NUMBER (if applicable)</b> 1462654	<b>Report No.</b> 2124	
<b>STREET ADDRESS</b>  		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>	
<b>CITY</b> Inglewood	<b>STATE</b> CA	<b>ZIP CODE</b> 90301	<b>No. of Pages</b> 1

## 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
01/31/2024	Michael Hochman Studio City, CA 91604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Healthcare in Action	1,000.00  <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

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