

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 01 2024
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Maria Ramirez for District Attorney 2024			Date of This Filing 02/01/2024	Date Stamp 2024 FEB -1 PM 4: PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (626) 915-7635	I.D. NUMBER (if applicable) 1457090				
STREET ADDRESS			Report No. 4	<input type="checkbox"/> Amendment to Report No. (explain below)	No. of Pages 1
CITY Covina	STATE CA	ZIP CODE 91722			

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
02/01/2024	Edward T. Guerrero Whittier, CA 90602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	6,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/01/2024	ABR Trucking Inc. dba Ramirez Trucking Co. Los Angeles, CA 90023	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		6,000.00 <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

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