

497 Contribution Report

Amounts may be rounded to whole dollars.

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 LOS ANGELES COUNTY 497 CONTRIBUTION REPORT
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 CALIFORNIA FORM 497
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 PROPOSITION B UNIT

NAME OF FILER Maria Ramirez for District Attorney 2024			Date of This Filing 02/22/2024
AREA CODE/PHONE NUMBER (626) 915-7635	I.D. NUMBER (if applicable) 1457090	Report No. 13	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Covina	STATE CA	ZIP CODE 91722	No. of Pages 1

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/16/2024	Judy Perez Los Angeles, CA 90012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Judy Perez/ Self Employed	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/16/2024	450 Attorneys Inc Los Angeles, CA 90015	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

*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: _____