

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 29 2024 EM

<b>NAME OF FILER</b> Hatami for District Attorney 2024		Date of This Filing <u>2/29/2024</u>	RECEIVED BY FEB 29 2024 EM <b>LOS ANGELES COUNTY</b> 2024 MAR -1 AM 8:21 PROPOSITION B UNIT	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (949) 441-5352	I.D. NUMBER (if applicable) 1458513	Report No. <u>240229</u>		
STREET ADDRESS c/o Beaver Legal Corp		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92612		
		No. of Pages <u>1</u>		

1. Contributions 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
02/28/2024	Suzanna Krikorian Granada Hills, CA 91344-1206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dental Assistant Mikayelyan Dental Office	\$1,000.00 <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