497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER			
John McKinney for LA District Attorney 2024			

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
	1458551

STREET ADDRESS

CITY	STATE	ZIP CODE
Encino	CA	91436

Date of This Filing __02/29/2024__

Report No. 02/28/2024

☐ Amendment to Report No. _____ (explain below)

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
02/28/2024	Stuart E Kaiser Pacific Palisades, CA 90272	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired n/a	1,000.00 ☐ Check if Loan ____% Provide interest rate
02/28/2024	Christina Y Dong Redondo Beach, CA 90277	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Info n/a	3,000.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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