

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|--|---|---|---|
| NAME OF FILER Janice Hahn for Supervisor 2024 | | Date of This Filing <u>3/4/2024</u> | RECEIVED BY LOS ANGELES COUNTY 2024 MAR -5 AM 11:16 PROPOSITION B UNIT | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 452-6565 | I.D. NUMBER (if applicable) 1457362 | Report No. <u>022124A</u> | | |
| STREET ADDRESS | | <input checked="" type="checkbox"/> Amendment to Report No. <u>1</u> (explain below) | | |
| CITY Los Angeles | STATE CA | ZIP CODE 90017 | | |

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 |
|---------------|--|---|--|---|
| 02/20/2024 | Isaac Alvarado Chino Hills, CA 91709-3091 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Educator Alhambra Unified School District | \$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 02/20/2024 | Kate Capshaw Los Angeles, CA 90064-1585 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Actress Kate Capshaw | \$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 02/20/2024 | Richard Dixon Burbank, CA 91504-1855 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | General United States Army | \$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: Amended contributions.

*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

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
 LOS ANGELES COUNTY
 2024 MAR -5 AM 11:16
 PROPOSITION B UNIT

CALIFORNIA
 FORM **497**
 For Official Use Only

NAME OF FILER
 Janice Hahn for Supervisor 2024

AREA CODE/PHONE NUMBER
 (213) 452-6565

I.D. NUMBER (if applicable)
 1457362

STREET ADDRESS

CITY
 Los Angeles

STATE
 CA

ZIP CODE
 90017

Date of This Filing 3/4/2024

Report No. 022124A

Amendment to Report No. 1
 (explain below)

No. of Pages 2

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 |
|---------------|--|---|--|---|
| 02/20/2024 | Steven Spielberg Los Angeles, CA 90064-1585 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Co-Owner DreamWorks | \$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 02/20/2024 | United Nurses Associations of California / Union of Health Care Professionals PAC (UNAC PAC) Long Beach, CA 90802-5054 ID: 1295768 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: Amended contributions.

*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