

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES DISTRICT ATTORNEY
Date Stamp
2024 JAN 30 PM 2:34
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Nathan Hochman for LA District Attorney 2024			Date of This Filing 01/30/2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (if applicable) 1459571		Report No. 2024-17	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 7	

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
01/29/2024	Stacy Lederer Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer Stacy Lederer	2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/29/2024	Bill Giamela Jr Chatsworth, CA 91311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Bill Giamela Jr.	4,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/29/2024	Zadeh Dentistry, Inc Beverly Hills, CA 90212	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00 <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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 JAN 30 PM 2
PROPOSITION B UNIT
497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER Nathan Hochman for LA District Attorney 2024			Date of This Filing 01/30/2024
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (if applicable) 1459571		Report No. 2024-17
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 7

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
01/29/2024	Elizabeth Comley Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/29/2024	James Randall Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Randall Capital Group	3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/29/2024	Eleanor Randall Los Angeles, CA 90077	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	3,000.00 <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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
2024 JAN 30 PM 2:34
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Nathan Hochman for LA District Attorney 2024			Date of This Filing 01/30/2024	Date Stamp 2024 JAN 30 PM 2:34	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (if applicable) 1459571		Report No. 2024-17		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 7		

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
01/29/2024	Kenneth A. Rubv Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Kenneth A. Ruby	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/29/2024	Wendy L. Rubv Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/29/2024	Howard. Kittle and Company - Gary L. Howard Los Alamitos, CA 90720	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Nathan Hochman for LA District Attorney 2024			Date of This Filing 01/30/2024	Date Stamp 2024 JAN 30 PM 2 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (# applicable) 1459571		Report No. 2024-17		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 7		

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
01/29/2024	Errol H. Secal Los Angeles, CA 90047	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Recycling Consultant Active Recycling	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/30/2024	James Hunter Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	3,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/30/2024	Joanne Hunter Manhattan Beach, CA 90266	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	3,000.00 <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

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
497 CONTRIBUTION REPORT

NAME OF FILER Nathan Hochman for LA District Attorney 2024			Date of This Filing 01/30/2024	Date Stamp 2024 JAN 30 P PROPOSITION 8 UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (if applicable) 1459571		Report No. 2024-17		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages 7		

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
01/30/2024	Christine Hogan Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Hogan Foundation	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/30/2024	Richard A. Young Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/30/2024	Robert Bocchi Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Bocchi Labs	1,500.00 <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: _____

497 Contribution Report

Amounts may be rounded to whole dollars

RECEIVED BY
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Nathan Hochman for LA District Attorney 2024			Date of This Filing <u>01/30/2024</u> 2024 JAN 30 PM 2: 34	Date Stamp PM 2: 34	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (if applicable) 1459571		Report No. <u>2024-17</u> PROPOSITION B UNIT		
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92618	No. of Pages <u>7</u>		

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
01/30/2024	Michael Adler Hidden Hills, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/30/2024	Sean Clifford Calabasas, CA 91302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Sean Clifford	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
01/30/2024	Dario De Luca Rancho Santa Fe, CA 92091	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Pacifica Enterprises	6,000.00 <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

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

497 CONTRIBUTION REPORT

NAME OF FILER Nathan Hochman for LA District Attorney 2024			Date of This Filing 01/30/2024 2024 JAN 30 PM 2:34	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 858-7448	I.D. NUMBER (if applicable) 1459571				
STREET ADDRESS			Report No. 2024-17 PROPOSITION B UNIT		
CITY Irvine			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STATE CA		ZIP CODE 92618	No. of Pages 7		

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
01/30/2024	Robert Colucci San Diego, CA 92091	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Pacifica Enterprises	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
		<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