

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> ERIC SAPETTO SIDDALL FOR DISTRICT ATTORNEY 2024			<b>Date of This Filing</b> 02/13/2024	Date Stamp <b>2024 FEB 14 AM 8:10</b>  PROPOSITION B UNIT	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREACODE/PHONENUMBER</b> (213) 624-6200	<b>I.D. NUMBER (if applicable)</b> 1462682	<b>Report No.</b> 02132024			
<b>STREET ADDRESS</b> _____					
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 90071			
<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			<b>No. of Pages</b> 1		

## 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
02/12/2024	BOB FOSTER LONG BEACH, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT PROMETHEUS ADVISORS	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
02/12/2024	DENNIS MILLER PACIFIC PALISADES, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR DENNIS MILLER	1,500.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
02/12/2024	TIMOTHY SAILOR LONG BEACH, CA 90803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	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: \_\_\_\_\_