

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER ERIC SAPETTO SIDDALL FOR DISTRICT ATTORNEY 2024			Date of This Filing 03/06/2024	RECEIVED BY LOS ANGELES COUNTY 2024 MAR -7 AM 8: 21 PROPOSITION B UNIT	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1462682	Report No. 03062024			For Official Use Only
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LOS ANGELES	STATE CA	ZIP CODE 90071	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
03/04/2024	HARNEK THIARA GRANADA HILLS, CA 91344 NONMONETARY: DIGITAL ADS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FRANCHISE OWNER 7-ELEVEN	850.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/05/2024	HARNEK THIARA GRANADA HILLS, CA 91344 NONMONETARY: DIGITAL ADS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FRANCHISE OWNER 7-ELEVEN	150.00 <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

*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: _____