

# 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> Maria-Ramirez for District Attorney 2024			<b>Date of This Filing</b> 03/28/2023	<b>Date Stamp</b> 2023 MAR 29 PM 4:51	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (626) 915-7635	<b>I.D. NUMBER (if applicable)</b> 1457090	<b>Report No.</b> 1	PROPOSITION B UNIT 3/28/23 EM		
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	<b>No. of Pages</b> 1	
<b>CITY</b> Covina	<b>STATE</b> CA	<b>ZIP CODE</b> 91722			

## 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
03/27/2023	Maria Ramirez Whittier, CA 90602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Head Deputy District Attorney L.A. County District Attorney's Office	18,000.00  <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