

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

NAME OF FILER Hatami for District Attorney 2024		Date of This Filing 12/11/2023	Date Stamp 2023 DEC 12 AM 9:20	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 441-5352	I.D. NUMBER (if applicable) 1458513	Report No. 231211		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		PROPOSITION B UNIT
CITY Irvine	STATE CA	ZIP CODE 92612	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
12/09/2023	Ahmad Al-Khatib Chino Hills, CA 91709-1519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/09/2023	Hyundai of Yuma Yuma, AZ 85365-3426	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/09/2023	John Mourani Claremont, CA 91711-1463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician John Mourani	\$1,500.00 <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.

NAME OF FILER Hatami for District Attorney 2024		Date of This Filing 12/11/2023	Date Stamp	CALIFORNIA FORM 497 <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER (949) 441-5352	I.D. NUMBER (if applicable) 1458513	Report No. 231211		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Irvine	STATE CA	ZIP CODE 92612	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
12/10/2023	James Oyang Palos Verdes Estates, CA 90274-1950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,500.00 <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