					L00 P	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRIBUTION REPORT
NAME OF FILER				Date of		Date Starrip	For Official Use Only
	for LA District Atto			This Filing	12/13/2029/3	DEC 13 PM 4:51 FO	
AREA CODE/PHONE N	UMBER	I.D. NUMBER (if applical	ole)	Report No. 20	023-4 PRO	POSITION B UNIT	
(949) 858-7448 1459571			Kepoit No.	1101	OSTITION B UNIT		
STREET ADDRESS				☐ Amendme to Report No			
CITY	CITY STATE ZIP CODE			(explain below)			
Irvine	Irvine CA 92618				2		
1. Contributio	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
12/12/2023	Phyllis F. Easton Los Angeles, CA 900			☑ IND	Consultant Phyllis F. Easton	1,500.00	
					□ OTH □ PTY □ SCC		Check if Loan % Provide interest rate
12/12/2023	Robert T. Flesh					Executive	1,500.00
	Los Angeles, CA 900			COM OTH PTY SCC	ADT Total Source	☐ Check if Loan	
							Provide interest rate
	Garv Karlin Michelson, MD Los Angeles, CA 90049					Physician	1,500.00
12/12/2023					☐ COM☐ OTH	Gary K. Michelson, MD	☐ Check if Loan

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

497 Contrib	ution Report		Amount	ts may be rounded to w		RECEIVED BY	97 CONTRIBUTION REPORT	
NAME OF FILER Nathan Hochman for LA District Attorney 2024				Date of This Filing	12/13/2023	LUS AN UNE STATION COUNT CALIF	LIFORNIA 497	
AREA CODE/PHONE NUMBER [1.D. NUMBER (# applicable) [949] 858-7448 [1.5] 1459571				Report No. 2023-4		AUZJUHI 13 PM L. E.	For Official Use Only	
STREET ADDRESS				Amendment to Report No.		THE STITION BUNIT		
CITY		STATE	ZIP CODE 92618	(explain below) No. of Pages	2			
1. Contributi	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINES		
12/12/2023	Garv Karlin Michelson. MD Los Angeles, CA 90049				IND COM OTH PTY SCC	Physician Gary K. Michelson, MD	1,500.00	
12/12/2023	Andrew Left Boca Raton, FL 334	32			IND COM OTH PTY SCC	Retired Retired	1,000.00 ☐ Check if Loan % Provide interest rate	
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan ———————————————————————————————————	
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Committee OTH – Other (e.g., busines PTY – Political Party SCC – Small Contributor Col	s entity)	