## RECEIVED BY LOS ANGELES COUNT YOU CONTRIBUTION REPORT 497 Contribution Report Amounts may be rounded to whole dollars. NAME OF FILER Date Stamp **CALIFORNIA** Date of 2023 DEC 20 PM 1: This Filing \_\_\_\_12/20/2023 FORM Nathan Hochman for LA District Attorney 2024 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only PROPOSITION B UNIT Report No. 2023-9 (949) 858-7448 1459571 STREET ADDRESS ☐ Amendment to Report No. (explain below) CITY STATE ZIP CODE 2 No. of Pages \_ 92618 Irvine CA 1. Contribution(s) Received IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR AMOUNT ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 12/19/2023 AIA Holdings Inc 6,000.00 ☐ IND Westlake Village, CA 91362 ☐ COM MTO X ☐ Check if Loan □ PTY □ scc Provide interest rate 12/19/2023 6,000.00 Sanford Mann CEO IND AH Gold Group Los Angeles, CA 90049 ☐ COM ☐ OTH ☐ Check if Loan □ PTY SCC Provide interest rate 12/19/2023 Marshall Ezralow Real Estate Investor 2,000.00 K IND The Ezralow Co. Calabasas, CA 91302 COM ☐ OTH ☐ Check if Loan PTY ☐ SCC Provide interest rate \*Contributor Codes IND -- Individual COM - Recipient Committee (other than PTY or SCC)

Reason for Amendment: \_\_\_\_\_

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

497 Contribu	ution Report		Amounts	s may be rounded to w	hole dollars.	RECEIVED BY	497 CONTRIBUTION REF	PORT
NAME OF FILER  Nathan Hochman  AREA CODE/PHONE N	for LA District Atto	rney 2024	le)	Date of This Filing	-	23 DEC 20 PM 1: 29	CALIFORNIA	7
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRI			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF		
12/20/2023	Rebecca Rothstein Hills , CA 90210				IND COM OTH PTY SCC	Financial Advisor Merrill Lynch	□ Check if Loa	an %
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loa	%
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loa	%
Reason for Amen	dment:					*Contributor Codes IND Individual COM Recipient Co OTH Other (e.g., & PTY Political Party SCC Small Contributor		;C)