

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY  
2023 DEC 21 AM 8:27  
PROPOSITION B UNIT

CALIFORNIA  
FORM **497**

|   |   |  |                              |
|---|---|--|------------------------------|
| <b>NAME OF FILER</b><br>Hatami for District Attorney 2024 |   | <b>Date of This Filing</b><br>12/20/2023                                   | <b>For Official Use Only</b> |
| <b>AREA CODE/PHONE NUMBER</b><br>(949) 441-5352           | <b>I.D. NUMBER (if applicable)</b><br>1458513 | <b>Report No.</b><br>231220  |                              |
| <b>STREET ADDRESS</b>                                     |   | <input type="checkbox"/> <b>Amendment to Report No.</b><br>(explain below) |                              |
| <b>CITY</b><br>Irvine                                     | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>92612   |                              |
|   |   | <b>No. of Pages</b><br>1   |                              |

**1. Contributions Received**

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED   |
|---------------|---|---|---|---|
| 12/19/2023    | Gary Leach<br><br>Los Angeles, CA 90048-6102  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Director<br>Tower Urology   | \$1,000.00<br><input type="checkbox"/> Check if Loan<br>_____%<br>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