


497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY JAN 12 2024 
 LOS ANGELES COUNTY
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 PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497
 For Official Use Only

NAME OF FILER Jeff Chemerinsky for District Attorney 2024		
AREA CODE/PHONE NUMBER (510) 423-4300	I.D. NUMBER (if applicable) 1462948	
STREET ADDRESS		
CITY Oakland	STATE CA	ZIP CODE 94607

Date of This Filing 01/12/2024

Report No. 011224

Amendment to Report No. _____
(explain below)

No. of Pages 1

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
01/11/2024	Kelly Johnson Pasadena, CA 91106	<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
01/12/2024	Carolyn Reece Los Angeles, CA 90049-3917	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed N/A	7,500.00 <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

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