

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

| | | | | |
|--|--|-------------------|---|---|
| NAME OF FILER Jeff Chemerinsky for District Attorney 2024 | | | Date of This Filing 01/29/2024 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (510) 423-4300 | I.D. NUMBER (if applicable) 1462948 | | Report No. 012924 | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Oakland | STATE CA | ZIP CODE 94607 | No. of Pages 2 | |

1. Contribution(s) 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 |
|---------------|---|---|---|---|
| 01/27/2024 | John Udeani Rancho Palos Verdes, CA 90275 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Southern California Permanente Medical Group | 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 01/28/2024 | Alphonse Provinziano Beverly Hills, CA 90211 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Provinziano & Associates | 1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| 01/29/2024 | Alexander Ersoff Beverly Hills, CA 90210 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Partner EKK Food Group | 1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |

*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

Reason for Amendment: _____

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|---------------|---|---|---|---|
| 01/29/2024 | Comstock Hills Homeowner Association Los Angeles, CA 90024 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 4,500.00 <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 |
| | | <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 |

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