

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 05 2024 *EM*

<b>NAME OF FILER</b> Hatami for District Attorney 2024		Date of This Filing <u>2/5/2024</u>	Date Stamp <b>LOS ANGELES COUNTY</b> 2024 FEB -5 PM 3:26 PROPOSITION B UNIT	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (949) 441-5352	I.D. NUMBER (if applicable) 1458513	Report No. <u>240205</u>		
STREET ADDRESS c/o Beaver Legal Corp		<input type="checkbox"/> Amendment to Report No. (explain below) _____		
CITY Irvine	STATE CA	ZIP CODE 92612		

1. Contributions 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
02/02/2024	Catherine Familathe  Harbor City, CA 90710-4801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marine Clerk PMA	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/05/2024	Atila Gahbro  Los Angeles, CA 90017-3826	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Subrigo	\$1,000.00 <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