

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

CALIFORNIA
FORM 497
For Official Use Only

NAME OF FILER Hatami for District Attorney 2024		Date of This Filing 2/6/2024
AREA CODE/PHONE NUMBER (949) 441-5352	I.D. NUMBER (if applicable) 1458513	Report No. 240206
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Irvine	STATE CA	ZIP CODE 92612
		No. of Pages 1

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
02/05/2024	Raul Delgado Los Angeles, CA 90012-3123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations Manager ABBA Bail Bonds	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/05/2024	Tecta America Southern California Newport Beach, CA 92663-3908	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$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