

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Lloyd 'Bobcat' Masson for District Attorney 2024			Date of This Filing 02/26/2024	<div style="border: 1px solid black; padding: 5px;"> RECEIVED BY LOS ANGELES COUNTY 2024 FEB 27 AM 8:24 PROPOSITION B UNIT </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818)471-5646	I.D. NUMBER (if applicable) 1466324	Report No. 022624-1			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Claremont	STATE CA	ZIP CODE 91711	No. of Pages 1		

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
02/23/2024	Richard Giller Irvine, CA 92620	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Greenspoon Marder	2,094.55 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/23/2024	Lloyd ³ Masson San Bernardino, CA 92415	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy District Attorney County of San Bernardino	6,000.00 <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

*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: _____
