

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER MACERICH MANAGEMENT COMPANY			Date of This Filing <u>09/04/2024</u>	RECEIVED BY LOS ANGELES COUNTY 2024 SEP -4 PM 4:22 CAMPAIGN FINANCE	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 394-6000	I.D. NUMBER (if applicable) 1314567		Report No. <u>09042024</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SANTA MONICA	STATE CA	ZIP CODE 90401	No. of Pages <u>1</u>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
09/03/2024	ANGELENOS FOR HOCHMAN FOR DA 2024 (ID# 1474224) SACRAMENTO, CA 95814	NATHAN HOCHMAN (IE COMMITTEE) District Attorney LOS ANGELES COUNTY	100,000.00	11/05/2024

Reason for Amendment: _____