497 Contribu	tion Report		Amount	s may be rounded to w	hole dollars.	RECEIVED BY 497	CONTRIBUTION REPORT
NAME OF FILER GEORGE GASCON F	OR LA DISTRICT ATTOR	NEY 2020		Date of This Filing	09/04/2020	LOS AMBESTADO COUN CALIF	ORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (818) 593-2949 STREET ADDRESS				Report No. G2	0-GEO-14	AGE CO.	Official Use Only
				Amendment to Report No.		PROPOSITION B UNIT	
LOS ANGELES		STATE CA	ZIP CODE 91364	(explain below) No. of Pages	2		
1. Contributio	on(s) Received	333-20-3-20-					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (IF COMMITTEE, ALSO ENTERLD. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/04/2020	DENNIS GAUGHAN NEWPORT BEACH, CA	92660	· · · · · · · · · · · · · · · · · · ·		X IND ☐ COM	ATTORNEY LAW OFFICES OF DENNIS P. GAUGHA	1,000.00
					OTH PTY SCC		Check if Loan
09/04/2020	JOHN KONSTIN SAN FRANCISCO, CA	94102				RESTAURANTEUR JOHNS GRILL	1,000.00
09/04/2020	DAVID SCARSONE ORANGE, CA 92867				IND COM OTH	ATTORNEY LAW OFFICE OF DAVID C. SCARSONE	Provide interest rate
**					SCC		% Provide interest rate
Reason for Amend	lment:	91				*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)

497 Contribu	tion Report		Amounts m	ay be rounded to wi		REC	EIVED BY	497 CC	ONTRIBUTION REPORT	
NAME OF FILER GEORGE GASCON FOR LA DISTRICT ATTORNEY 2020				Date of		OS ANG	Date SO OUNTY	CALIFO	RNIA 497	
				This Filing	09/04/2020	2020 SEP -4 PM 1: 06		FORM 491		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (818) 593 - 2949 1422183			ole)		0 - CPO - 14	LUZU SEP	-4 PM 1: U8	For	Official Use Only	
				Report No. G2		PROPOS	ROPOSITION B UNIT			
STREET ADDRESS				☐ Amendmento Report No.	nt	- 10,00	WIND O WILL			
CITY LOS ANGELES	5	STATE	ZIP CODE	(explain below) No. of Pages	22	-	9			
1. Contributio	on(s) Received	10.000		-						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				CONTRIBUTOR				AMOUNT RECEIVED	
09/04/2020	KELLY STECKELBERG			7	X IND	CHIEF F	INANCIAL OFFICER		1,500.00	
	SHERMAN OAKS, CA 9:	.423			COM OTH PTY	2004			☐ Check if Loan	
Name of the Control o					scc		v	ř	Provide interest rate	
				ψ.	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	41			☐ Check if Loan ———————————————————————————————————	
					IND COM OTH PTY SCC				☐ Check if Loan ———————————————————————————————————	
Reason for Amend	dment:		9		v	_	*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ity)	