

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY JAN 12 2024 EM  
LOS ANGELES COUNTY  
Date Stamp

<b>NAME OF FILER</b> Gascon for LA District Attorney 2024		<b>Date of This Filing</b> 1/12/2024	<b>CALIFORNIA FORM 497</b> For Official Use Only 2024 JAN 15 AM 9:16 PROPOSITION B UNIT
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1457094	<b>Report No.</b> 011224A	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)	
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017	
		<b>No. of Pages</b> 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
01/10/2024	CAL State EMS Burbank, CA 91504-3334	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,500.00 <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