

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

<b>NAME OF FILER</b> Gascon for LA District Attorney 2024		<b>Date of This Filing</b> 3/5/2024	<b>Date Stamp</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1457094	<b>Report No.</b> 030524A		
<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> 90026	<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
03/04/2024	Dwayne Hall Los Angeles, CA 90067-2101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIO Vive Concierge Inc.	\$4,000.00 <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