

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER GEORGE GASCON FOR LA DISTRICT ATTORNEY 2020			Date of This Filing 09/14/2020		RECEIVED BY LOS ANGELES COUNTY 2020 SEP 16 AM 8:18 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 593-2949	I.D. NUMBER (if applicable) 1422183		Report No. G20-GEO-18			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY LOS ANGELES	STATE CA	ZIP CODE 91364	No. of Pages 2			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/14/2020	JARRETT BARRIOS LOS ANGELES, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR VICE PRESIDENT CALIFORNIA COMMUNITY FOUNDATION	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/14/2020	NOURBESE FLINT LOS ANGELES, CA 90008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR BLACK WOMEN FOR WELLNESS ACTION PROJECT	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/14/2020	JACQUELINE GOODMAN FULLERTON, CA 92832	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY THE LAW OFFICE OF JACQUELINE GOODMAN	1,000.00 <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: _____

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09/14/2020	ANTHONY RENDON ADDRESS REQUESTED	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGISLATOR CALIFORNIA STATE ASSEMBLY	1,500.00 <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
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