

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2024 AUG -9 PM 2:09
PROPOSITION B UNIT
8.9.24 PM

CALIFORNIA
FORM **497**
For Official Use Only

NAME OF FILER
Gascon for LA District Attorney 2024

AREA CODE/PHONE NUMBER
(213) 452-6565

I.D. NUMBER (if applicable)
1457094

STREET ADDRESS

CITY
Los Angeles

STATE
CA

ZIP CODE
90026

Date of This Filing 8/9/2024

Report No. 080924A

Amendment to Report No.
(explain below)

No. of Pages 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
08/08/2024	Anthony Rendon Lakewood, CA 90713-2020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assemblymember California Assembly	\$1,500.00 <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