

**497 Contribution Report**

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Gascon for LA District Attorney 2024		<b>Date of This Filing</b> 8/16/2024	RECEIVED BY <b>AUG 16 2024 EM</b> LOS ANGELES COUNTY 2024 AUG 16 PM 1:01 PROPOSITION B UNIT	<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> 081624A		
<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> 3	

**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
08/15/2024	Chong Jiang Gu Berkeley, CA 94710-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Massage Therapy Chong Jiang Gu	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/15/2024	Chong Jiang Gu Berkeley, CA 94710-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Massage Therapy Chong Jiang Gu	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/15/2024	Hui Jia Gu Berkeley, CA 94710-2311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pilot Hui Jia Gu	\$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

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 Date Stamp  
**2024 AUG 16 PM 1:01**  
 PROPOSITION B UNIT

**FORM 497**  
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08/15/2024	You Bing Han Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Massage Therapy You Bing Han	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/15/2024	You Bing Han Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Massage Therapy You Bing Han	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/15/2024	Farah Makras San Francisco, CA 94114-3403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staging Makras Real Estate	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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<b>NAME OF FILER</b> Gascon for LA District Attorney 2024		<b>Date of This Filing</b> 8/16/2024	RECEIVED BY LOS ANGELES COUNTY 2024 AUG 16 PM 1:02 PROPOSITION B UNIT Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
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08/15/2024	Farah Makras  San Francisco, CA 94114-3403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staging Makras Real Estate	\$1,500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
08/15/2024	Tina McKinnor for Assembly 2024  Los Angeles, CA 90071-3314 ID: 1456543	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

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