

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Gascon for LA District Attorney 2024		Date of This Filing 8/29/2024	RECEIVED BY 8/29/24 EM LOS ANGELES CO CALIFORNIA 2024 AUG 30 AM 10:33 PROPOSITION B UNIT FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457094	Report No. 082924A	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Los Angeles	STATE CA	ZIP CODE 90026	No. of Pages 2

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
08/28/2024	George Avalos Hawthorne, CA 90250-8391	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Executive Waters Corporation	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
08/28/2024	Sandra Montiel El Paso, TX 79912-1786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not-Employed N/A	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate
08/28/2024	Puneet Muskaan Nanda Beverly Hills, CA 90210-3326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Gurunanda LLC	\$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

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

8/29/24 em

NAME OF FILER Gascon for LA District Attorney 2024		Date of This Filing 8/29/2024	Date Stamp 2024 AUG 30 AM 10:33	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457094	Report No. 082924A	PROPOSITION B UNIT	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90026	No. of Pages 2	

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
08/28/2024	Planned Parenthood Advocacy Project Los Angeles County Action Fund Sacramento, CA 95814-4503 ID: 971616	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,223.91 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/28/2024	David Welch Los Angeles, CA 90014-3218	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Enso Law	\$1,000.00 <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