497 Contribution Report

Amounts may be rounded to whole dollars.

SEP 0 3 2024 EM

RECEIVED BY LOS ANGELES COUNT
2024 SEP -3 PM 4:59
PROPOSITION B UNIT

Date Stamp

CALIFORNIA FORM **497**

For Official Use Only

NAME OF FILER
District Attorney George Gascon Ballot Measure Committee

AREA CODE/PHONE NUMBER
(213) 452-6565

I.D. NUMBER (if applicable)
1437443

STREET ADDRESS

CITY Los Angeles **STATE** CA **ZIP CODE** 90017

Date of This Filing 9/3/2024

Report No. 090324A

☐ **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
08/30/2024	Mariann Thompson Anaheim, CA 92808-2203	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	$1,500.00 ☐ 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