

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

OCT 04 2024 EM

NAME OF FILER California Working Families Party		Date of This Filing 10/04/2024	Date Stamp RECEIVED BY LOS ANGELES COUNTY OCT -4 PM 4:10 PROPOSITION B UNIT	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER 917-336-0422	I.D. NUMBER (if applicable) 1438874	Report No. 2024-1004		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Brooklyn	STATE NY	ZIP CODE 11201	No. of Pages 1	

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED George Gascon				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD District Attorney	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/03/2024	Printed literature	\$16,365.44

Reason for Amendment \_\_\_\_\_

\_\_\_\_\_