

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER WORKING FAMILIES FOR SAFE NEIGHBORHOODS AND GEORGE GASCON FOR DISTRICT ATTORNEY 2024, SPONSORED BY LA VOICE ACTION		
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1475464	
STREET ADDRESS		
CITY LOS ANGELES	STATE CA	ZIP CODE 90071

Date of This Filing 10/10/2024

Report No. 10022024IE

Amendment to Report No. 10022024IE
(explain below)

No. of Pages 3

Date Stamp
2024 OCT 11 AM 8
PROPOSITION B UNIT
OCT 10 2024 EM

CALIFORNIA FORM 496
For Official Use Only

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 LOS ANGELES COUNTY	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
10/01/2024	CONSULTING Cumulative to date total \$113467.18	12,000.00
10/01/2024	VOTER FILE Cumulative to date total \$113467.18	500.00
10/01/2024	VOTER FILE Cumulative to date total \$113467.18	1,953.95
10/01/2024	TELEPHONE CALLS Cumulative to date total \$113467.18	23,113.23

AMENDING ESTIMATES

Reason for Amendment: _____

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496 INDEPENDENT EXPENDITURE REPORT

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AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1475464		Report No. <u>10022024IE</u>	PROPOSITION B UNIT	
STREET ADDRESS _____			<input checked="" type="checkbox"/> Amendment to Report No. <u>10022024IE</u> (explain below)	OCT 10 2024 EW	
CITY LOS ANGELES	STATE CA	ZIP CODE 90071	No. of Pages <u>3</u>		

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 LOS ANGELES COUNTY	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
10/01/2024	TELEPHONE CALLS FOR THE PERIOD 10/1/24-10/9/24 Cumulative to date total \$113467.18	75,900.00

AMENDING ESTIMATES

Reason for Amendment: _____

496 Independent Expenditure Report

OCT 10 2024 ETM

RECEIVED BY
LOS ANGELES COUNTY
2024 OCT 11 AM 8:15

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM **496**
I.D. NUMBER (if applicable)
1475464

NAME OF FILER
WORKING FAMILIES FOR SAFE NEIGHBORHOODS AND GEORGE GASCON FOR DISTRICT ATTORNEY 2024, SPONSORED BY LA VOICE ACTION

3. Contributions of \$100 or More 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	INTEREST RATES
09/25/2024	PROGRESSIVE ERA PAC SAN FRANCISCO, CA 94104 Committee ID# 1449477	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		105,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee