

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY

OCT 15 2024 EM

NAME OF FILER Gascon for LA District Attorney 2024		Date of This Filing 10/15/2024	Date Stamp 2024 OCT 16 AM 8:10 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457094	Report No. 101524A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 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
10/14/2024	ACT - Political Pasadena, CA 91107-2038 ID: 745724	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/14/2024	Shelan Joseph Altadena, CA 91001-1900	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer District Attorney	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/14/2024	Laborers' Local 300 Los Angeles, CA 90006-5010 ID: 950674	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$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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10/14/2024	Karl Racine Washington, DC 20009-7837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney General District of Columbia	\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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Notes and Memos

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F497P1	14422779	Partial refund has been issued on 10/15/24