

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY OCT 16 2024
 LOS ANGELES COUNTY
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 PROPOSITION B UNIT

CALIFORNIA FORM 497
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NAME OF FILER Gascon for LA District Attorney 2024		Date of This Filing 10/16/2024
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457094	Report No. 101624A
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90017
		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
10/15/2024	SEIU United Healthcare Workers West PAC Los Angeles, CA 90017-5864 ID: 747285	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$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