

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

NAME OF FILER Gascon for LA District Attorney 2024		Date of This Filing 10/29/2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457094	Report No. 102924A	
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
10/28/2024	Bryan for Assembly 2024 Los Angeles, CA 90017-5864 ID: 1456634	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/28/2024	Jennifer Levin Ventura, CA 93003-2228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Jennifer Levin	\$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