

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
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CALIFORNIA FORM 497

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NAME OF FILER
Gascon for LA District Attorney 2024

AREA CODE/PHONE NUMBER
(213) 452-6565

I.D. NUMBER (if applicable)
1457094

STREET ADDRESS

CITY
Los Angeles

STATE
CA

ZIP CODE
90017

Date of This Filing 11/5/2024

Report No. 030524A

Amendment to Report No.
(explain below)

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
03/04/2024	Dwayne Hall Los Angeles, CA 90067-2101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Vive Concierge, Inc.	\$4,000.00 <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