

497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA
FORM **497**

For Official Use Only

NAME OF FILER Gascon for LA District Attorney 2024		Date of This Filing 12/15/2023
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457094	Report No. 121523A
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
12/14/2023	Mahul Amin Beverly Hills, CA 90210-2010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor LAB Corp	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/14/2023	Nandini Chopra Palos Verdes Estates, CA 90274-1472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not-Employed N/A	\$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