

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

LOS ANGELES COUNTY

CALIFORNIA FORM **497**

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 12/21/2023

Report No. 122123A

Amendment to Report No.
(explain below)

No. of Pages 1

2023 DEC 21 PM 3: 31

PROPOSITION B UNIT

For Official Use Only

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
12/20/2023	Progressive Era PAC San Francisco, CA 94104-1265 ID: 1449477	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	Nirja Varma Calabasas, CA 91302-3670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Lotus Assets LLC	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/20/2023	Jemstreet Nitia Wanda Westlake Village, CA 91362-5603	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President/CEO Pacific Heritage Medical Group	\$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