

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

NAME OF FILER GEORGE GASCON FOR LA DISTRICT ATTORNEY 2020		Date of This Filing <u>02/27/2020</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 593-2949	I.D. NUMBER (if applicable) 1422183	Report No. <u>P20-GEO-45</u>	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY LOS ANGELES	STATE CA	ZIP CODE 91364	
		No. of Pages <u>1</u>	

1. Contribution(s) 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
02/26/2020	FARAH MAKRAS SAN FRANCISCO, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER NONE	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/26/2020	JANET REILLY SAN FRANCISCO, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CO-FOUNDER CLINIC BY THE BAY	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <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