

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER Gascon for LA District Attorney 2024		Date of This Filing <u>1/5/2024</u>
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1457094	Report No. <u>010524A</u>
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90017
		No. of Pages <u>1</u>

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
01/04/2024	Planned Parenthood Advocacy Project Los Angeles County Action Fund Sacramento, CA 95814-4503 ID: 971616	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,750.00 <input type="checkbox"/> Check if Loan <div style="border: 1px solid black; width: 50px; height: 15px; margin: 2px 0;"></div> % 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