

497 Contribution Report

Amounts may be rounded to whole dollars.

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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** 90026

Date of This Filing 2/16/2024

Report No. 021624A

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
02/15/2024	Craig Muench Los Angeles, CA 90069-1534	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA M3 Management Inc.	\$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