NAME OF FILER	FOR LA DISTRICT ATTY	ODNEY 2020		Date of This Filing	10/28/2020	CALIFO	
AREA CODE/PHONE		I.D. NUMBER (if applicable)	ole)	Report No. G20-GEO-44  Amendment to Report No.		For	Official Use Only
(818) 593-2949 STREET ADDRESS		1422183				PROPOSITION B UNIT	
CITY LOS ANGELES	STATE ZIP CODE  ANGELES CA 91364		(explain below)  No. of Pages 2				
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU			ITRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/28/2020	DAVID CALVO LOS ANGELES, CA 90065				IND COM OTH PTY SCC	PRINCIPAL LOS ANGELES ACADEMY OF ARTS AND ENTERPRISE	1,500.00
10/28/2020	DION EMAMI SANTA FE SPRINGS,	CA 90670		IND COM OTH PTY SCC	ELECTRICAL ENGINEER PARKIA INC.	1,500.00	
10/28/2020	SHELBY EMAMI YORBA LINDA, CA 9	2886			IND COM OTH PTY SCC	NOT EMPLOYED NONE	1,000.00
Reason for Amer	ndment:					*Contributor Codes  IND – Individual  COM – Recipient Committee (oth  OTH – Other (e.g., business ent  PTY – Political Party  SCC – Small Contributor Committee	ity)

497 Contrib	ution Report		Amount	ts may be rounded to w	whole dollars.	RECEIVED BY	497 CONTRIBUTION REF
NAME OF FILER  GEORGE GASCON  AREA CODE/PHONE N  (818) 593 - 2949  STREET ADDRESS  CITY  LOS ANGELES	FOR LA DISTRICT ATTO	I.D. NUMBER (if applicated) 1422183  STATE CA	ZIP CODE 91364	Date of This Filing  Report No. G  Amendmento Report No. (explain below)  No. of Pages	10/28/2020 7 320-GEO-44 ent D.		FORM 49 For Official Use Only
1. Contributi	ion(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTO			TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPL (IF SELF-EMPLOYED, ENTER NAME OF BU	
10/28/2020	STEFFENY HOLTZ LOS ANGELES, CA 90064				X IND COM OTH PTY SCC	ATTORNEY LAW OFFICE OF STEFFENY HO	1,000 ☐ Check if Loa
10/28/2020	PAUL SONG SANTA MONICA, CA	90402			X IND COM OTH PTY SCC	CHIEF MEDICAL OFFICER NKMAX AMERICA	1,50  Check if Loa
					IND   COM   OTH   PTY   SCC		☐ Check if Loa
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Comn OTH – Other (e.g., bus PTY – Political Party SCC – Small Contributo	