NAME OF FILER GEORGE GASCON FO	OR LA DISTRICT ATTO	DRNEY 2020	Date of This Filing	11/02/2020		CALIFORNIA 497	
AREA CODE/PHONE NUMBER (818) 593-2949 STREET ADDRESS 1.D. NUMBER (if applicable) 1422183		Report No.	G20-GEO-44	PROPOSITION B UNIT	Official Use Only		
LOS ANGELES CA 91364			to Report No. G20 - GEO - 44 (explain below) No. of Pages 3				
1. Contribution	n(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		TRIBUTOR	CONTRIBUTOR CODE *	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				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	YORBA LINDA, CA 92886			☑ IND □ COM □ OTH □ PTY □ SCC	NOT EMPLOYED NONE	1,000.00	

NAME OF FILER			Date of		RECEIVED BY OS ANGELES COUNTY 4970 Date Stamp CALIF	ORNIA 497
GEORGE GASCON I	FOR LA DISTRICT ATTOR	NEY 2020	This Filing	11/02/2020		RM 491
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Report No. 9	320-GEO-44	PPOPOCITION D IIII	Official Use Only
(818) 593-2949 1422183			Keport No. 1		PROPOSITION B UNIT	
STREET ADDRESS			X Amendm	ent		
ITY STATE ZIP CODE			(explain below)	o. G20-GEO-44		
LOS ANGELES				s 3		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTR (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
10/28/2020	YURI FALKENSTEIN ENCINO, CA 91436				SURGEON ORTHOPAEDIC SURGERY SPECIALISTS	
				D OTH SCC		Check if Loan ———————————————————————————————————
10/28/2020	STEFFENY HOLTZ			IND	ATTORNEY	1,000.0
LOS ANGELES, CA 90064				COM OTH PTY SCC	LAW OFFICE OF STEFFENY HOLTZ	Check if Loan
10/28/2020	KEVIN PELTON NEWPORT BEACH, CA 92660			X IND	PHYSICIAN	1,500.00
				COM OTH PTY SCC	SELF EMPLOYED/SAME NAME Check if L	

497 Contribu	ution Report	Amou	unts may be rounded to v	whole dollars.	RECEIVED BY 4970	CONTRIBUTION REPORT
NAME OF FILER GEORGE GASCON FOR LA DISTRICT ATTORNEY 2020			Date of This Filing _	11/02/2020	OS AND COUNT CALIF	
AREA CODE/PHONE NUMBER (818) 593 - 2949 STREET ADDRESS I.D. NUMBER (if applicable) 1422183		Report No. G	20-GEO-44	PARAMETER OF SMILE		
CITY LOS ANGELES		STATE ZIP CODE (explain below) CA 91364 No. of Pages 3				
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO		ONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/28/2020	PAUL SONG SANTA MONICA, CA 90402			IND COM OTH PTY SCC	CHIEF MEDICAL OFFICER NKMAX AMERICA	1,500.00 Check if Loan % Provide interest rate
				IND COM OTH PTY SCC		Check if Loan Check if Loan Provide interest rate
				IND COM OTH PTY SCC		☐ Check if Loan
				COM OTH PTY	*Contributor Codes IND – Individual COM – Recipient Committee (ot OTH – Other (e.g., business er	☐ Check in Provide inte