Page:001

GFD

ID:LA County RR/CC

MAR-17-2022 02:10PM From:19163331344

| I.D. NUMBER (If applicable) 1443772 STATE ZIP CODE CA 95815 FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) CA 91302 | Report No. | PRUP | POSITION B UNIT | AMOUNT RECEIVED |
|--|---|--|--|-----------------------|
| STATE ZIP CODE CA 95815 /ed FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) | Report No. | PROP nent lo | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT |
| STATE ZIP CODE CA 95815 /ed FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) | Amendm to Report N (explain below) No. of Page | PROP nent lo os3 CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | |
| CA 95815 /ed FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) | to Report N (explain below) No. of Page | contributor | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | |
| CA 95815 /ed FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) | No. of Page | CONTRIBUTOR CODE * | ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | |
| /ed FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) | | CONTRIBUTOR CODE * | ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF CO (IF COMMITTEE, ALSO ENTER LD. NUMBER) |)NTRIBUTOR | CODE * | ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | |
| (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | ONTRIBUTOR | CODE * | ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | |
| | | [2] IND | Not Employed | |
| A 91302 | | | n/a | 1,500.0 |
| | | COM OTH | n/ a | ☐ Check if Loan |
| | | ☐ scc | | Provide interest rate |
| 1 | | | Not Employed | 1,500.0 |
| A 91302 | | | n/a | 1 |
| | | ☐ OTH ☐ PTY | | Check if Loan |
| | | ☐ scc | | Provide interest rate |
| | | IND COM | Principal World Auto Group, Inc. | 1,500.0 |
| | | ☐ OTH | | ☐ Check if Loan |
| | | | | Provide interest rate |
| = | u CA 91302 etian A 91205 | ca 91302 | X IND COM OTH PTY SCC Stian X IND COM OTH A 91205 COM OTH | X IND |

FPPC Form 497 (Feb/2019) FPPC Advice: advice@fp:pc.ca.gov (866/275-3772) www.fppc.ca.gov

Page:002

CFD

ID:LA County RR/CC

MAR-17-2022 02:10PM From:19163331344

| 497 Contrib | oution Report | | Amount | ts may be rounded to w | hole dollars. | ECEIVED BY NGELES COUNTY 4970 | CONTRIBUTION REPOR |
|--|-----------------------|--|----------|------------------------|--------------------------------|--|--------------------------|
| NAME OF FILER | | | | Date of | 000044 | Date Stamp CALIF | ORNIA 107 |
| Bob Hertzberg | for Supervisor 2022 | | | This Filing | 03/17/20227 | AR 18 AM 8:00 FO | RM 431 |
| AREA CODE/PHONE NUMBER (If applicable) | | | | | Fo | r Official Use Only | |
| (916) 285-5733 | | 1443772 | | Report No. 81 | .6435-BT | OSITION B UNIT | |
| STREET ADDRESS | | | | ☐ Amendme | mt. | | |
| | | | | to Report No. | | | |
| СПУ | | STATE | ZIP CODE | (explain below) | | | |
| Sacramento | | CA | 95815 | No. of Pages | 3 | | |
| 1. Contribut | ion(s) Received | | | | | | |
| DATE RECEIVED | FULL NAM | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (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 |
| 03/17/2022 | Craiq Missakian | | | | X IND | Attorney | 1,500.0 |
| | Encino, CA 91436 | | | | COM | President SHG | 1 |
| | | | | | ОТН | | Check if Loan |
| | | | | | ☐ PTY | | |
| | | | | | □ scc | | Provide interest rate |
| 03/17/2022 | Angel Orgaz | Angel Orgaz | | | | PR Consultant | 1,500.0 |
| | Los Angeles, CA 90061 | | | | I IND COM | Angel Orgaz | |
| | | | | | ☐ OTH | | ☐ Check if Loan |
| | | | | | ☐ PTY | | , |
| | | | | | □ scc | | Provide interest rate |
| 03/17/2022 | Paul Salib | | | | X IND | Accounting | 1,500.00 |
| | San Diego, CA 92117 | | | | COM Community Development, LLC | CRP Affordable Housing and Community Development, LLC | |
| | | | | | ОТН | | ☐ Check if Loan |
| | | | | | ☐ PTY | | |
| | | | | | □ scc | | Provide interest rate |
| | | | ,,,, | | | | T . LOVIDE HITEIGST 1816 |
| | | | | | | *Contributor Codes | |
| | | | | | | IND – Individual | |
| | | | | | | COM – Redipient Committee (of OTH – Other (e.g., business en | |
| Reason for Amer | ndment: | | | | | PTY - Political Party | |
| | | | | | | SCC – Small Contributor Commit | ree |

FPPC Form 497 (Feb/2019) FPPC Advice: advice@ippc.ca.gov (866/275-3772) www.fppc.ca.gov

Page: 003

GFD

ID:LA County RR/CC

MAR-17-2022 02:10PM From:19163331344

| 497 Contribution | n Report | | Amounts | s may be rounded to wi | nole dollars. 🔒 🖇 | RECEIVED BY ANGELES COUNTY 497 | CONTRIBUTION REPOR |
|--|---------------------------|---------|----------|------------------------|-----------------------|--|-----------------------|
| NAME OF FILER | | | | | | | ORNIA 107 |
| Bob Hertzberg for S | supervisor 2022 | | | This Filing | 03/17/2022/0/ | | ORM 49/ |
| AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) | | | | | | or Official Use Only | |
| (916)285-5733 | | 1443772 | | Report No. 81 | 6435-BT | POSITION B UNIT | |
| STREET ADDRESS | | | | ☐ Amendme | nt | | |
| | | | | to Report No. | | | |
| CITY | | STATE | ZIP CODE | (explain below) | 3 | | |
| Sacramento | | CA | 95815 | No. of Pages | 3 | | |
| 1. Contribution(s) Received DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTION OF CO | | | | RIBUTOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
| 03/17/2022 Tno | a Sargsvan | | | | Dental Assistant | 1,500.00 | |
| • | North Hollywood, CA 91605 | | | | X IND | Lilit Bagdasarian, DDS | 2,500.0 |
| NO | th horrywood, ca | 91005 | | | ☐ COM ☐ OTH | | Charlett Lann |
| | | | | | ☐ OTH ☐ PTY | | ☐ Check if Loan |
| | | | | | scc | | % |
| | | | | | | | Provide interest rate |
| | | | | | | | |
| | | | | | COM | | |
| | | | | | ☐ OTH ☐ PTY | | ☐ Check if Loan |
| | | | | | scc | | % |
| | | | | | | | Provide Interest rate |
| | | | | ł | | | |
| | | | | | COM | | |
| İ | | | | | ☐ OTH ☐ PTY | | ☐ Check if Loan |
| | | | | | scc | | Provide interest rate |
| | | | | | | | |
| Reason for Amendment | : | | | | | *Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm | ntity) |

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (868/275-3772)
www.fppc.ca.gov