ID:LA County RR/CC CFD

MAR-28-206:2 04:07PM From:19163331344

Codes	
ial ient Committee (other than PTY or SCC) (e.g., business entity) al Party	
Contributor Committee	
FPPC Form 497 (Feb/2 Advice: advice@fppc.ca.gov {866/275-3 www.fppc.ca	772)

497 Contribution Report		Amounts may be rounded to whole dollars.	RECEIVED BY 497 CONTRIBUTION REPORT
NAME OF FILER  Bob Hertzberg for Supervisor	2022	Date of This Filing 03/28/2022	Date Stamp CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (If applicable)		2122 MAR 29 AM 8: 02 FORW For Official Use Only
(916) 285-5733	1443772	Report No. 816526-DE	PROPOSITION B UNIT
STREET ADDRESS		Amendment to Report No.	
CITY	STATE ZIP C	ODE (explain below)	i
Sacramento	CA 958	No. of Pages 2	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/25/2022	Hadi Makarechian Montecit:o, CA 93108		Chief Executive Officer Capital Pacific Holdings (CPH)	1,500.00
03/28/2022	Derothy Norton  Granada Hills, CA 91344	X IND COM OTH PTY SCC	Bookkeeper Taxology	500.00  Check if Loan  Provide interest rate
03/28/2022	Derothy Norton Granada Hills, CA 91344	IND COM OTH SCC	Bookkeeper Taxology	500.00 ☐ Check if Loan% Provide interest rate

Reason for Amendment:

\*Contributor Codes

IND - individu

COM – Recipi OTH – Other PTY – Politica

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Page: 002

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MAR-28-2022 04:07PM From:19163331344

Amendment to Report No	NAME OF FILER  Bob Hertzberg for Supervisor 2022  Date of This Filing 03/28/2022			FORNIA 497			
Sacramento  CA 95815  No. of Pages 2  1. Contribution(s) Received  DATE RECEIVED  DATE RECEIVED  DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  OBJECT OF COMMITTER, ALSO ENTERLO NUMBER)  DATE RECEIVED  CONTRIBUTOR CODE *  CONTRIBUTOR CODE *  CONTRIBUTOR CODE (FESE, FAMPLOYER)	(916) 285-5733 STREET ADDRESS	JUMBER	1443772	Report No. 816526-DE ZUZZ N		22 MAR 29 AM 8: 02 FO 3/28/22 FAX ROPOSITION B UNIT	
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  (FOOMMITTER, ALSO ENTERLD. MUMBER)  Lenny Sands  Los Angeles, CA 90077  Los Angeles, CA 90		A Section		No. of Pages	2		
DATE RECEIVED  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FOOMMITTE, ALSO ENTERLD, NUMBER)  Lenny Sands Los Angeles, CA 90077  Los Angeles, CA 90077	1. Contribution	on(s) Received					
Los Angeles, CA 90077    COM		FULL NAM		RIBUTOR	CONTRIBUTOR	ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED
COM OTH PTY SCC Provide Interest  IND COM OTH OTH COM OTH OTH Check if Loa	03/25/2022		077		COM OTH PTY		1,500.00
COM COTH Check If Loa					COM OTH PTY		Check if Loan  ** Provide interest rate
□ scc					COM OTH PTY		☐ Check if Loan
			100				Provide Interest rate

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