

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
Date Stamp
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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

NAME OF FILER
Bob Hertzberg for Supervisor 2022

AREA CODE/PHONE NUMBER (916) 285-5733 I.D. NUMBER (if applicable) 1443772

STREET ADDRESS

CITY STATE ZIP CODE
Sacramento CA 95815

Date of This Filing 04/06/2022

Report No. 6954486-LG

Amendment to Report No. _____
(explain below)

No. of Pages 1

1. Contribution(s) 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
04/06/2022	Edyth Broad Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,500.00 <input type="checkbox"/> Check If Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check If Loan _____% Provide interest rate

*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

Reason for Amendment: _____