NAME OF FILER Bob Hertzberg for Supervisor 2022 AREA CODE/PHONE NUMBER I.D. NUMBER (# applicable)			Date of This Filing09/15/2022 Report No. 286975-VG		Date Stamp CALIFO	RNIA 107
					2022 SEP 16 AM 8: FOR	Official Use Only
					PROPOSITION RULLIT	
(916) 285-5733 STREET ADDRESS		1443772			FROI OSITION S ON	
			to Report No			
CITY		STATE ZIP CODE	(explain below) No. of Pages 4			
Sacramento		CA 95815				
	ion(s) Received				. IF AN INDIVIDUAL,	
DATE RECEIVED	FULL NAM	E, STREET ADDRESS AND ZIP CODE OF CON (IF COMMITTEE, ALSO ENTER LD. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/14/2022	Eric Fingleson	Eric Fingleson			Financial Advisor Union Bank of Switzerland	1,000.0
	Venice, CA 90291			IND COM OTH PTY		☐ Check if Loan
				□ scc	·	Provide Interest rate
09/14/2022	David Gordon Los Angeles, CA 90028			☑ IND ☐ COM ☐ OTH	Consultant Frederic W. Cook & Company, Inc.	
				□ PTY □ SCC		Provide interest rate
09/14/2022	David Gordon Los Angeles, CA 90028			X IND	Consultant Frederic W. Cook & Company, Inc.	1,500.0
				COM OTH PTY SCC	☐ Check if L	
		•				Provide interest rate
Reason for Amer	ndment:			44	*Contributor Codes IND – Individual COM – Recipient Committee (other OTH – Other (e.g., business entiperty – Political Party SCC – Small Contributor Committee	ty)

497 Contrib	ution Report		Amounts may be rounded to	whole dollars	RECEIVED BY 4970	ONTRIBUTION REPORT
NAME OF FILER			Date of		CALIFO	
	for Supervisor 2022		This Filing _	09/15/2022	22 SEP 16 AM 8: 00 FO	RM TJ
AREA CODE/PHONE	NUM&ER	I.D. NUMBER (if applicable)	Report No. 2	286975-VG	9/15/22 FAY For	Official Use Only
(916)285-5733		1443772	Report No. 2	P	ROPOSITION B UNIT	
STREET ADDRESS			to Report No	Amendment to Report No		
CITY			No. of Page	s4		
Sacramento		CA 95	815			
DATE RECEIVED	on(s) Received	E, STREET ADDRESS AND ZIP O (IF COMMITTEE, ALSO ENTER I.D.	CODE OF CONTRIBUTOR NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/15/2022	Carl Kat:erndahl				Finance	1,000.0
,,	Manhattan Beach, CA	90266		X IND	WCO Spectrum	
	Fidinaction Scaon, on			□ сом	}	☐ Check if Loan
				□ PTY		Oneak ii Louii
				scc		Provide interest rate
09/15/2022	Hadi Makarechian			X IND	Chief Executive Officer Capital Pacific Holdings (CPH)	1,500.0
	Montecit(), CA 93108			COM OTH PTY SCC	capital Pacific Holdings (CFH)	Check if Loan
09/14/2022	Marochehr Nazarian	Marochehr Nazarian			Businessman	1,000.0
	Beverly Hills, CA 9	0210		□ COM □ OTH □ PTY □ SCC	Manochehr Nazarian	Check if Loan
Reason for Anen	dment:				*Contributor Codes IND – Individual COM – Recipient Committee (otl OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)

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

497 Contribution Report

Amounts may be rounded to whole dollards ANGELES COUNTY

497 CON	TRIBIT	CALD	PORT
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NAME OF FILER		Date of Date Stamp 09/15/202877 SFP 16 AM 8: 00 CALIFORNIA 497
Bob Hertzberg for Supervisor	2022	This Filing 09/15/2022/2 SEP 16 AM 8: 00 FORM 497
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if epplicable)	Report No. 286975-VG PROPOSITION RUNIT For Official Use Only
STREET ADDRESS		Amendment to Report No.
CITY	STATE ZIP CODE	(explain below) No. of Pages4
Sacramento	CA 95815	No. of Fages

1. Contribution(s) Received

Reason for Amendment:

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/15/2022	Eric Schwartz Beverly Hills, CA 30212	X IND COM OTH PTY SCC	Not Employed n/a	1,000.00 Check if Loan Provide Interest rate
09/14/2022	Jonathan A. Thomas Los Angeles, CA 90049	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Government Executive California Institute for Regenerative Medicine	1,000.00
09/14/2022	Jonathan A. Thomas Los Angeles, CA 90049	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Government Executive California Institute for Regenerative Medicine	□ 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

497 Contrib	ution Report	A	mounts may be rounded to w	hole dollars.	RECEIVED BY	ONTRIBUTION REFOR
NAME OF FILER			Date of		Date Stamp CALIFO	DRNIA 107
Bob Hertzberg	for Supervisor 2022		This Filing _	09/15/2022 20	22 SEP 16 AM 8: 00 FOI	RM 497
AREA CODE/PHONE	NUMEER	I.D. NUMBER (if applicable)				Official Use Only
(916)285-5733		1443772	Report No. 25	P	ROPOSITION B UNIT	
STREET ADDRESS			☐ Amendme to Report No			
CITY		STATE ZIP CODE	(explain below)	4		
Sacramento		CA 95815	No. of Pages	4		
DATE	ion(s) Received	IE, STREET ADDRESS AND ZIP CODE O		CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED
09/14/2022	The date rate		,	OOBL	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Business Development	1,500.0
03,11,1011	Sclana Beach, CA 9	2075		IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Renovate America	Check if Loan
08/10/2022	Lloyd Ahern Malibu, (:A 90265			IND ☐ COM ☐ OTH	Not Employed n/a	500.0
· ·	Aggregated to 1,000 on 9	/14/22		D PTY		Provide interest rate
09/14/2022	Llovd Abern			Not Employed X ND n/a		500.0
	MELIDU, CA 90265			COM OTH PTY SCC		Check if Loan
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	ner than PTY or SCC) lity)

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