

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Bob Hertzberg for Supervisor 2022		Date of This Filing <u>09/19/2022</u>	Date Stamp 2022 SEP 19 PM 4:0	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772	Report No. <u>301327-VP</u>	PROPOSITION B UNIT	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95815	No. of Pages <u>3</u>	

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
09/16/2022	Amalgamated Transit Union Local 1277 PAC Small Contributor Committee Los Angeles, CA 90031 Committee ID # 970941	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/16/2022	California Veterinary Medical Association PAC Sacramento, CA 95815 Committee ID # 771044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/16/2022	Far West Management Corporation Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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: _____

P.001
FAX No. 19163331344
SEP/19/2022/MON 02:02 PM Deane & Company

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NAME OF FILER Bob Hertzberg for Supervisor 2022		Date of This Filing <u>09/19/2022</u>	Date Stamp 2022 SEP 19 PM 4: PROPOSITION 8 UNIT	CALIFORNIA FORM 497 For Official Use Only
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09/16/2022	Susar F. Friedman Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,000.00 <input type="checkbox"/> Check If Loan _____% Provide interest rate
09/16/2022	Heritage Investment Company, LLC Palo Alto, CA 94301 Responsible Officer: Bruce Farty	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/16/2022	Latino Chamber of Greater Los Angeles, Inc. Glendale, CA 91203	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate

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NAME OF FILER Bob Hertzberg for Supervisor 2022		Date of This Filing 09/19/2022	Date Stamp 2022 SEP 19 PM 4:05	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772	Report No. 301327-VP	PROPOSITION 8 UNIT	
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09/16/2022	Gary Karlin Michelson Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Gary Karlin Michelson	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
09/16/2022	South Cord Management, LLC Long Beach, CA 90803 Responsible Officer: Elliot Lewis	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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

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