497 Contribution Report

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Amounts may be rounded to whole dollars. LOS ANGELES COUNTY

						- 10	10 14 1	49700	INTRIBUTION REPORT
NAME OF FILER			3	Date of	21	177 SEP	Date Stamp L: 21	CALIFO	RNIA 497
Bob Hertzberg	for Supervisor 2022	100 March 100 Ma		This Filing	09/20/2022	7.00.	20 111 4. 21	FOR	M 49/
AREA CODE/PHONE N	AREA CODE/PHONE NUMBER I.D. NUMBER (If applicable) (916) 285-5733 1443772		Report No. 30	1335-VP P	ROPOS	SITION B UNIT	For	Official Use Only	
STREET ADDRESS				☐ Amendment to Report No			FAY		
CITY	STATE ZIP CODE CA 95815			(explain below) No. of Pages2		,			
	on(s) Received		73013						3
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
09/19/2022	Andrew Abdul-Wahab Long Beach, CA 9080	13			IND COM OTH PTY SCC	Chief F Shangri	executive Officer L-La Construction		1,500.00 Check if Loan % Provide Interest rate
09/19/2022	Brian Dror Los Angeles, CA 900	36			IND COM ☐ OTH ☐ PTY ☐ SCC		ed Public Account Fror CPA, Inc.	ant	1,500.00 Check if Loan ** Provide Interest rate
09/19/2022	Johnny Lu Irvine, CA 92606		WI .	-	IND COM OTH PTY SCC		executive Officer mers, LLC		1,500.00 Check if Loan ** Provide Interest rate
Reason for Amen	dment:						*Contributor Codes IND – Individual COM – Reclpient Corr OTH – Other (e.g., bt PTY – Political Party SCC – Small Contribut	isiness enti	ty)

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NAME OF FILER			Date of	20 /00 /000	122 SEPDE OSIAPON L: 2 CALIFO	
	for Supervisor 2022		This Filling _	09/20/2022	FOR	MY 431
AREA CODE/PHONE NUMBER I.D. NUMBER (If applicable)			Report No. 30	01335-VP	ROPOSITION BUNIT For	Official Use Only
(916) 285-5733 1443772			Report No. 2	01333-42		
STREET ADDRESS			☐ Amendme	ent	l	
			to Report No		1	
CITY STATE ZIP CODE			(explain below)	-		
Sacramento		CA 95815	No. of Pages	2		
1. Contribution	on(s) Received					
DATE RECEIVED	FULL NAME	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
09/19/2022	Lev Rabinovich			X IND	Estimating Manager KPRS Construction Services	500.00
	Corona Del Mar, CA	92625		COM OTH PTY	APRS Construction services	☐ Check if Loan
				□ scc	,	Provide Interest rate
09/19/2022	Lev Rabinovich			X IND	Estimating Manager KPRS Construction Services	500.00
	Corona Del Mar, CA	92625		СОМ	APRE COMBELECCION SELVICES	
		4		OTH		☐ Check if Loan
				□ scc		Provide Interest rate
09/19/2022	Michael Schneider		IND □ COM	Certified Public Accountant Michael Schneider & Company	1,000.00	
				OTH	*	☐ Check if Loan
				scc	,	Provide Interest rate
Pennen for Assess	dment				*Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent	lity)
Reason for Amen	dment:				SCC - Small Contributor Commit	lee