	ution Report		Amount	s may be rounded to w		RECEIVED BY	497 CO	NTRIBUTION REPORT	
NAME OF FILER				Date of	- CA.O	ANUE Date Stamp	CALIFO		
	or Supervisor 2022			This Filing _	03/24/2022	MAR 21. Du	FOR	м +ЭТ	
AREA CODE/PHONE NUMBER  1.D. NUMBER (if applicable)  1436739				Report No. 0	3/23/2022 PRI	POSITION BUNIT	For C	Official Use Only	
STREET ADDRESS				to Report No.		OSITION BUNIT			
CITY		STATE	ZIP CODE	(explain below)					
Encino	CA 91436 No. of Pag				2				
I. Contributi	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB			TRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
03/23/2022	Linda Berghoff BEVERLY HILLS, CA 90211				IND COM OTH PTY SCC	Retired Retired		1,500.00	
03/23/2022	Charles Lu Monterey Park, CA 91754				IND COM OTH PTY SCC	Business Owner INSUR-ALL INSURACE SVCS, INC		1,500.00	
03/23/2022	Unis Walnut, CA 91789				☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1,500.00	
Reason for Amer	ndment:					*Contributor Codes IND Individual COM Recipient Co OTH Other (e.g., b PTY Political Party SCC Small Contributor	ousiness enti	ty)	

## 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

BERRINED BY

NAME OF FILER	r Supervisor 2022		Date of This Filing	03/24/2022	S ANGELES COUNT	CALIFORNIA 497	
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)  1436739			Report No. 03/23/2022 2		22 MAR 24 PM 4: 20	For Official Use Only	
STREET ADDRESS			Amendme	iiit	ROPOSITION B UNIT		
CITY		STATE ZIP CODE  CA 91436	(explain below)  No. of Pages	2			
1. Contributi	on(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 EMP (IF SELF-EMPLOYED, ENTER NAME OF B		
03/23/2022	Robert Winn Los Angeles, CA 91	1345		IND COM OTH PTY SCC	Retired Retired	□ Check if Loan  **  Provide interest rate	
03/24/2022	John Baackes Los Angeles, CA 90	0004		IND COM OTH PTY SCC	CEO L.A. Care Health Plan	1,500.00  Check if Loan  **  Provide interest rate	
				☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan  % Provide interest rate	
Reason for Amer	idment:				*Contributor Codes IND – Individual COM – Recipient Com OTH – Other (e.g., bu PTY – Political Party SCC – Small Contribute		