

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER HOGE FOR SUPERVISOR 2022		Date of This Filing 04/18/2022 10:52 RECEIVED BY LOS ANGELES COUN	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403748	Report No. 101 2022 APR 19 AM 8:33 PROPOSITION B UNIT Rm 4/18/2022	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY LOS ANGELES, CA 91607	STATE	ZIP CODE	
No. of Pages 2			

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
2022-04-15	BOB MADOK PACIFIC PALISADES, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate
2022-04-16	KIMBERLIN PELZER FALLBROOK, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED RETIRED	1,047.64 <input type="checkbox"/> Check if Loan _____% Provide Interest Rate

Reason for Amendment: _____

* 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

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NAME OF FILER HOGE FOR SUPERVISOR 2022		Date of This Filing 04/18/2022 10:52	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2022 APR 19 AM 8:33 PROPOSITION 8 UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403748	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below)		
STREET ADDRESS				
CITY LOS ANGELES, CA 91607	STATE	ZIP CODE		
No. of Pages <u>2</u>				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____