

**497 Contribution Report**

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

**RECEIVED BY**  
LOS ANGELES COUNTY

Date Stamp  
**2022 MAY -5 AM 8:**

**CALIFORNIA FORM 497**  
For Official Use Only

**PROPOSITION B UNIT**

NAME OF FILER Bob Hertzberg for Supervisor 2022			Date of This Filing <u>05/04/2022</u>
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772		Report No. <u>6954743-CG</u>
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Sacramento	STATE CA	ZIP CODE 95815	No. of Pages <u>1</u>

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
05/04/2022	Gene Hale Gardena, CA 90249	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Executive Officer GC Equipment	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
		<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

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

P. 001/001  
 FAX No. 19163331344  
 MAY/04/2022/WED 03:45 PM Deane & Company