497 Contribution Report

NAME OF FILER		Date of	0E/13/2022200	Date Stamp	CALIFORNIA 497	7
VILLANUEVA FOR LOS ANGELES COUNTY SHERIFF 2022  AREA CODE/PHONE NUMBER  I.D. NUMBER (f applicable)		I his Filing _	65/13/2022/1097	MAY 16 AM 6. 21	FORM	4
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FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  RECEIVED		
Jeffrey Hirsch			IZI IND	Physician 1,500.00		.00
Los Angeles, CA 90024			_	Business Name	ace	
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				COM - Recipient Con	nmittee (other than PTY or SCC	<b>a</b>
				OTH - Other (e.g., b	usiness entity)	
Reason for Amendment:					dor Committee	
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Amounts may be rounded to whole dollars.

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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