497 Contribution Report

SUPERVISOR 2022

(213)624-6200

STREET ADDRESS

LOS ANGELES

CITY

AREA CODE/PHONE NUMBER

NAME OF FILER
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY

I.D. NUMBER (if applicable)

STATE

CA

ZIP CODE

90071

1445830

RECEIVED BY

Amounts may be

be rounded to whole dollars.	LOS ANGELES COUNTY 497 CONTRIBUTION REPORT			
Date of This Filing	PROPOSITION B UN For Official Use Only			
Amendment to Report No (explain below) No. of Pages1				

1. Contribution(s) Received

Reason for Amendment: ____

DATE RECEIVED	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)	AMOUNT RECEIVED
	GOLDEN STATE VOTER PARTICIPATION PROJECT SACRAMENTO, CA 95814 Committee ID # 1345010	☐ IND IX COM ☐ OTH ☐ PTY ☐ SCC		5,000.00 Check if Loan ** Provide interest rate
		IND COM OTH PTY SCC		Check if Loan
		IND COM OTH PTY SCC		☐ Check if Loan ———————————————————————————————————

*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