

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2022 JUN -2 AM 8:00  
6/1/22 FAX  
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

For Official Use Only

NAME OF FILER Bob Hertzberg for Supervisor 2022			Date of This Filing 06/01/2022
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772	Report No. 6955446-DE	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Sacramento	STATE CA	ZIP CODE 95815	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
05/31/2022	JAW Region 8 Western States PAC Pico Rivera, CA 90660 Committee ID # 743787	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

\*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

Reason for Amendment: \_\_\_\_\_

P. 002  
 FAX No. 19163331344  
 JUN/01/2022/WED 03:24 PM Deane & Company