# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

**NAME OF FILER**
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

| AREA CODE/PHONE NUMBER | I.D. NUMBER *(if applicable)* |
|---|---|
| (213) 624-6200 | 1445830 |

**STREET ADDRESS**

| CITY | STATE | ZIP CODE |
|---|---|---|
| LOS ANGELES | CA | 90071 |

**Date of This Filing** 06/02/2022

**Report No.** 06022022

☐ **Amendment to Report No.** _____
(explain below)

**No. of Pages** 1

**CALIFORNIA FORM 497**

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Date Stamp

## 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 |
|---|---|---|---|---|
| 06/01/2022 | SOUTHERN GLAZER'S WINE & SPIRITS, LLC (NANCY SHIN) <br><br> MIAMI, FL 33169 | ☐ IND <br> ☐ COM <br> ☒ OTH <br> ☐ PTY <br> ☐ SCC | | 10,000.00 <br><br> ☐ Check if Loan <br><br> _____% <br> Provide interest rate |
| | | ☐ IND <br> ☐ COM <br> ☐ OTH <br> ☐ PTY <br> ☐ SCC | | ☐ Check if Loan <br><br> _____% <br> Provide interest rate |
| | | ☐ IND <br> ☐ COM <br> ☐ OTH <br> ☐ PTY <br> ☐ SCC | | ☐ Check if Loan <br><br> _____% <br> 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