

P. 001/001

FAX No. 19163331344

Deane & Company

JUN/05/2022/SUN 01:00 PM

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
-03 ASSEMBLY'S COU  
2022 JUN -8 AM 10:49  
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 06/05/2022
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (If applicable) 1443772		Report No. 6955577-CW
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1
CITY Sacramento	STATE CA	ZIP CODE 95815	

## 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
06/04/2022	VICA PAC, Sponsored by the Valley Industry and Commerce Association San Francisco, CA 94108 Committee ID # 1343221	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <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