

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER Bob Hertzberg for Supervisor 2022			Date of This Filing 09/26/2022	Date Stamp 2022 SEP 26 PM 2:29 9/26/22 FAX PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772		Report No. 301753-JD		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95815		No. of Pages 1	

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
09/25/2022	Paul Astin Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Manzanita School & Institute	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/25/2022	Paul Astin Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Manzanita School & Institute	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/25/2022	M. Quinn Delaney Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed n/a	1,500.00 <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. 001
 FAX No. 19163331344
 SEP/26/2022/MON 01:05 PM Deane & Company