

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
 LOS ANGELES COUNTY
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 PROPOSITION B UNIT

CALIFORNIA FORM 497
 For Official Use Only

NAME OF FILER
 Stern for Supervisor 2022

AREA CODE/PHONE NUMBER
 (213) 4152-6565

I.D. NUMBER (if applicable)
 1442984

STREET ADDRESS

CITY STATE ZIP CODE
 Los Angeles CA 90017

Date of This Filing 4/14/2022

Report No. 4/13/2022

Amendment to Report No.
 (explain below)

No. of Pages 1

1. Contributions 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
04/13/2022	Rosanne Ziering Pacific Palisades, CA 90272-3143	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,500.00 <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

FROM

TO

Name:

LA County Registrar

Phone:

Fax: 2134526577

5626512548

E-mail: pcd@kaufmanlegalgroup.com

Sent: 4/15/22

at: 12:36:56 AM

2 page(s) (including cover)

Subject: STE2130.002_F497_04142022

Comments: