

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

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*4/27/22 FAX*  
**PROPOSITION B UNIT**

**CALIFORNIA FORM 497**  
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|                                                           |                    |                                               |                                       |  |                                                                                                                           |
|-----------------------------------------------------------|--------------------|-----------------------------------------------|---------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|
| <b>NAME OF FILER</b><br>Bob Hertzberg for Supervisor 2022 |                    |                                               | <b>Date of This Filing</b> 04/27/2022 |  | Report No. 6954708-MV<br><br><input type="checkbox"/> Amendment to Report No. _____ (explain below)<br><br>No. of Pages 1 |
| <b>AREA CODE/PHONE NUMBER</b><br>(916) 285-5723           |                    | <b>I.D. NUMBER (if applicable)</b><br>1443772 |                                       |  |                                                                                                                           |
| <b>STREET ADDRESS</b>                                     |                    |                                               |                                       |  |                                                                                                                           |
| <b>CITY</b><br>Sacramento                                 | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>95815                      |                                       |  |                                                                                                                           |

**1. Contribution(s) Received**

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br><small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE *                                                                                                                                                      | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br><small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED                                                                           |
|---------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 04/27/2022    | Tina Thomas<br>Sacramento, CA 95814                                                                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Thomas Law Group                                                                                 | 1,000.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
| 04/27/2022    | Tina Thomas<br>Sacramento, CA 95814                                                                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Thomas Law Group                                                                                 | 500.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate   |
| 04/27/2022    | Tina Thomas<br>Sacramento, CA 95814                                                                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Thomas Law Group                                                                                 | 500.00<br><br><input type="checkbox"/> Check if Loan<br>_____%<br>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: \_\_\_\_\_