

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
2022 MAY 23 AM 8:02  
5/20/22 FAX  
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER <b>Bob Hertzberg for Supervisor 2022</b>			Date of This Filing <u>05/20/2022</u>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER <u>(916) 285-5733</u>	I.D. NUMBER (if applicable) <u>1443772</u>		Report No. <u>6954993-80</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Sacramento</u>	STATE <u>CA</u>	ZIP CODE <u>95815</u>	No. of Pages <u>2</u>		

**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
05/19/2022	Mark Louchheim Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Bobrick Washroom Equipments, Inc.	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/19/2022	Mark Louchheim Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management Bobrick Washroom Equipments, Inc.	1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/19/2022	Robert J. Love Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder/Chairman Love Enterprises, Inc.	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: \_\_\_\_\_

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AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772		Report No. 5954993-BG		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95815	No. of Pages 2		

**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
05/19/2022	Elizabeth H. Lowe Santa Monica, CA 90402	<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
05/19/2022	Cypress Management Company, Inc. Los Angeles, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check If Loan _____% Provide Interest rate
05/19/2022	RMV Community Development Company, Inc. San Juan Capistrano, CA 92675	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check If Loan _____% Provide Interest rate

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Reason for Amendment: \_\_\_\_\_