

**497 Contribution Report**

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Stern for Supervisor 2022		<b>Date of This Filing</b> 5/20/2022	<b>Report No.</b> 05202022A	<b>Date Stamp</b> RECEIVED BY LOS ANGELES COUNTY 2022 MAY 23 AM 8:35 5/21/22 FAX PROPOSITION B UNIT	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1442984	<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)			
<b>STREET ADDRESS</b>		<b>No. of Pages</b> 1			
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017			

**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
05/19/2022	Roxanne Hampton Pasadena, CA 91105-1623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
05/19/2022	Laureen Sills _____ 1364-1834	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer Laureen Sills	\$1,000.00 <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