

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|--|---|--|
| NAME OF FILER Stern for Supervisor 2022 | | Date of This Filing 5/23/2022 | RECEIVED BY LOS ANGELES COUNTY Date Stamp 2022 MAY 24 AM 8:04 5/23/22 FAX PROPOSITION B UNIT | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE (213) 52-6565 | I.D. NUMBER (if applicable) 1442984 | Report No. 05232022A | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY Los Angeles | STATE CA | ZIP CODE 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 |
|---------------|--|---|--|--|
| 05/20/2022 | Daniel William Schaefer Pacific Palisades, CA 90272-4365 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Daniel W Schaefer | \$1,500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate |
| 05/20/2022 | Daniel William Schaefer Pacific Palisades, CA 90272-4365 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Physician Daniel W Schaefer | \$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