497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

NAME OF FILER	**Date of This Filing** 05/31/2022 09:01
HOGE FOR SUPERVISOR 2022	

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1403748	Report No. 283

Amendment to Report No. ☐
(explain below)

STREET ADDRESS

No. of Pages 2

CITY	STATE	ZIP CODE
LOS ANGELES, CA 91607		

For Official Use Only

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
2022-05-25	ELAINE GOLDEN-GEALER SANTA MONICA, CA 90403	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED RETIRED	1,000.00 ☐ Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

_____

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* 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

FPPC Form 497 (Feb/2019)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

497 Contribution Report

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497 CONTRIBUTION REPORT

NAME OF FILER	Date of **This Filing** 05/31/2022 09:01
HOGE FOR SUPERVISOR 2022	Date Stamp

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STREET ADDRESS

☐ **Amendment to Report No.**

(explain below)

CITY	**STATE**	**ZIP CODE**	**No. of Pages** 2
LOS ANGELES, CA 91607			

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: _____