497 Contribution Repor	t A	mounts may be rounded to whole dollars. RECEIVED BY
NAME OF FILER		Date of Date Stamp CALIFORNIA 497
Bob Hertzberg for Supervisor 2022		This Filing
AREA CODE/PHONE NUMBER	I.D. NUMBER (If applicable)	9/30/22 FOX For Official Use Only
(916)285-5733	1443772	Report No. 301874-JD PROPOSITION B UNIT
STREET ADDRESS		Amendment to Report No
CITY	STATE ZIP CODE	(explain below)
Sacramento	CA 95815	No. of Pages1

1. Contribution(s) Received

Image: Instructure Image:	PATE 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 EMPLOY/ER (IF SELF-EMPLOYED, ENTER NAME CF BUSINIESS)	AMOUNT
COM OTH PTY SCC IND Check if Loan % Provide Interest rate OTH COM OTH OTH COM OTH SCC OTH OTH OTH OTH OTH OTH OTH OTH	09/29/2022		☐ COM ☐ OTH ☐ PTY		1,500.00
□ COM □ OTH □ Check if Loan □ PTY □ SCC%			□ COM □ OTH □ PTY		Check if Loan
Provide interest rate					Check if Loan

0011	inducor	Codes
IND-	Individ	ual

COM - Recipient Committe e (other than PTY or SCC) OTH - Other (e.g., b_sinesis entity)

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: _