

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Bob Hartsberg for Supervisor 2022		Date of This Filing <u>11/05/2022</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(916) 245-5733</u>	I.D. NUMBER (if applicable) <u>1443772</u>	Report No. <u>776243-00</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	RECEIVED BY LOS ANGELES COUNTY 11/5/22 FAX 2022 NOV -7 AM 8:01	
CITY <u>Sacramento</u>	STATE <u>CA</u>	ZIP CODE <u>95815</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 *	EMPLOYMENT STATUS (IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS))	AMOUNT RECEIVED
11/04/2022	Lisa Richter Los Angeles, CA 90067	<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
11/06/2022	Paul Richter and affiliated entities Los Angeles, CA 90067	<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
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<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: _____

FAX No.

/SAT 03:42 PM