

497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM 497
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NAME OF FILER Stern for Supervisor 2022		Date of This Filing 3/31/2022
AREA CODE/PHONE NUMBER (323) 452-6565	I.D. NUMBER (if applicable) 1442984	Report No. 03302022
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
CITY Los Angeles	STATE CA	ZIP CODE 90017
		No. of Pages 1

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
03/30/2022	Ariel Nessel Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Ariel Nessel	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
03/30/2022	Ariel Nessel Ross, CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entrepreneur Ariel Nessel	\$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

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