

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|--|---|--|---|
| NAME OF FILER HOGE FOR SUPERVISOR 2022 | | Date of This Filing 04/19/2022 06:50 | RECEIVED BY LOS ANGELES COUNTY 2022 APR 20 AM 8:42 PROPOSITION B UNIT | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1403748 | Report No. 105 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY LOS ANGELES, CA 91607 | STATE | ZIP CODE | | |

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 |
|---------------|--|---|--|--|
| 2022-04-18 | MICHELE FLORMAN LOS ANGELES, CA 91423 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOMEMAKER N/A | 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

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NAME OF FILER
HOGE FOR SUPERVISOR 2022

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1403748

STREET ADDRESS
4804 LAUREL CANYON BOULEVARD STE 369

CITY STATE ZIP CODE
LOS ANGELES, CA 91607

Date of This Filing 04/19/2022 06:50

Report No. _____

Amendment to Report No. _____
(explain below)

No. of Pages 2

RECEIVED BY
LOS ANGELES COUNTY
2022 APR 20 AM 8:42
PROPOSITION B UNIT

CALIFORNIA FORM 497

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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: _____