

497 Contribution Report

Amounts may be rounded to whole dollars.

| | | | | |
|---|---|---|--|---|
| NAME OF FILER Stern for Supervisor 2022 | | Date of This Filing 4/20/2022 | <p>RECEIVED BY LOS ANGELES COUNTY Date Stamp 2022 APR 21 AM 11:08 PROPOSITION B UNIT</p> | <p>CALIFORNIA FORM 497 For Official Use Only</p> |
| AREA CODE/PHONE NUMBER (213) 452-6565 | I.D. NUMBER (if applicable) 1442984 | Report No. 4/19/2022 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment | | |
| CITY Los Angeles | STATE CA | ZIP CODE 90017 | | |
| | | (explain below) | 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 |
|---------------|---|---|--|--|
| 04/19/2022 | American Federation of State, County & Municipal Employees Local 3299 PAC Long Beach, CA 90802-5054 ID: 1312649 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$1,500.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate |
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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