

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Stern for Supervisor 2022		Date of This Filing 4/26/2022	RECEIVED BY LOS ANGELES COUNTY 2022 APR 27 AM 10:04 PROPOSITION B UNIT <small>Date Stamp</small>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1442984	Report No. 4/25/2022		For Official Use Only
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
04/25/2022	American Federation of State, County & Municipal Employees Local 3634 PAC Vernon, CA 90058-3914 ID: 1255127	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00 <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