

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
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PROPOSITION B UNIT

CALIFORNIA
FORM **497**

For Official Use Only

NAME OF FILER Stern for Supervisor 2022		
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1442984	
STREET ADDRESS		
CITY Los Angeles	STATE CA	ZIP CODE 90017

Date of This Filing	5/12/2022
Report No.	5/11/2022
<input type="checkbox"/> Amendment to Report No. (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
05/11/2022	Genie Harrison Los Angeles, CA 90014-1223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Genie Harrison Law Firm	\$1,000.00 <input type="checkbox"/> Check if Loan Provide interest rate %
05/11/2022	Steven Nichols Malibu, CA 90265-2532	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired 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