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PROPOSITION B UNIT

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Reason for

To be continued 2. 1

Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM 497
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FILER for Supervisor 2022		Date of This Filing 5/26/2022
DE/PHONE NUMBER 452-6565	I.D. NUMBER (if applicable) 1442984	Report No. 052622A
ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)
Los Angeles	STATE CA	ZIP CODE 90017
		No. of Pages 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
5/2022	Alan Nissel Beverly Hills, CA 90212-2445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Pepperdine University	\$1,500.00 <input type="checkbox"/> Check if Loan Provide interest rate
5/2022	Alan Nissel Beverly Hills, CA 90212-2445	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Pepperdine University	\$300.00 <input type="checkbox"/> Check if Loan Provide interest rate

or 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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