## **497 Contribution Report**

LOS ANGELES COUNTY

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022  AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable)				Date of This Filing 05/27/2022		PROPOSITION B UNIT FOR Official Use Only		
	JAIDEN				262022	WOL COLLIDIA D OM	f For	Official Use Only
(213) 624 - 6200 1445830 STREET ADDRESS			5830					
UNILL ADDRESS				X Amendment to Report No. 05262022		·;		
CITY	STATE ZIP CODE			(explain below)				
LOS ANGELES		CA	90071	No. of Pages	1			
1. Contribution(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
05/25/2022	MAZIN SIAM LOS ANGELES, CA 900	71			☑ IND ☐ COM ☐ OTH	REALTOR IDS REAL ESTATE		40,000.00
					PTY SCC			% Provide interest rate
		1			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			☐ Check if Loan  ———————————————————————————————————
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan  **  Provide Interest rate
Reason for Amendment: AMENDING CONTRIBUTOR NAME						*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		