

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Rhambo for Sheriff 2022		Date of This Filing 5/31/2022	<p style="text-align: center;">RECEIVED BY LOS ANGELES COUNTY Date Stamp 2022 JUN -1 AM 8:06 5/31/22 FAX PROPOSITION B UNIT</p>	<p style="text-align: center;">CALIFORNIA FORM 497 For Official Use Only</p>
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1439475	Report No. 053122A		
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
05/28/2022	Roger Kohn Manhattan Beach, CA 90266-5840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not-Employed N/A	\$1,401.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate
05/28/2022	Delilah Lanoix La Canada Flintridge, CA 91011-1300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Butterfli	\$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