

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
LOS ANGELES COUNTY
2022 OCT 11 PM 12:44
2022 SEP 30 PM 4:33
PROPOSITION 8 UNIT
CAMPAIGN FINANCE

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**
For Official Use Only

NAME OF FILER
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022

Date of This Filing 09/30/2022

Date Stamp

AREA CODE/PHONE NUMBER
(213) 624-6200

I.D. NUMBER (if applicable)
1445830

Report No. 09302022

Amendment to Report No. _____
(explain below)

No. of Pages 1

STREET ADDRESS

CITY LOS ANGELES **STATE** CA **ZIP CODE** 90071

1. Contribution(s) 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
09/29/2022	LA JOBS PAC: SPONSORED BY LOS ANGELES AREA CHAMBER OF COMMERCE LOS ANGELES, CA 90017 Committee ID # 990680	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

*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

Reason for Amendment: _____

From: REED & DAVIDSON LLP 213 623 1692 09/30/2022 16:29 #666 P.001/001