

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
Date Stamp  
2022 OCT 14 AM 8:00  
10/13/22 FAX  
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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

**AREA CODE/PHONE NUMBER** (213) 624-6200  
**I.D. NUMBER (if applicable)** 1445830

**STREET ADDRESS**

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

**Date of This Filing** 10/13/2022

**Report No.** 10132022

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

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
10/12/2022	DARIO FROMMER FOR CONTROLLER 2026 SACRAMENTO, CA 95814 Committee ID # 1455363	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/12/2022	ROBERT J LOWE LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE DEVELOPER ROBERT J LOWE	10,000.00  <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

\*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

10/13/2022 18:34

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