497 Contribut	ion Report	Amounts may b	e rounded	to whole dollars.	RE	GEIVED BY	497 CONTRIBUTION	N REPORT
NAME OF FILER HOGE FOR SUPERVISOR 2022				Date of This Filing 03/28/2022 08:43			ALIFORNIA FORM	497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1403748			Report No. 29 3		3/2	AR 29 AM 8: -8/22 E.M. OSITION B UNIT	For Official Use On	ily
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CITY STATE ZIP CODE LOS ANGELES, CA 91607				No. of Pages 2				
1. Contributio	n(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRE	ESS AND ZIP CODE OF CONTRIBUTOR ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	ENTER O	IF AN INDIVIDUAL, CCUPATION AND EMPLOYER OYED, ENTER NAME OF BUSI		MOUNT
2022-03-25	ALL AMERICAN HYDRAULIC TOOL DBA ALLTORC NORTH HOLLYWOOD, CA 91605	S INC		IND COM SOTH PTY SCC			Ch	,000.00 neck if Loan
2022-03-26	CRAIG STRACHAN TOPANGA, CA 90290			IND COM OTH PTY SCC	REAL ESTA	Ch	,500.00 neck if Loan %	
							Provide	Interest
Reason for Amendm	nent:					* Contributor Codes IND – Individual COM – Recipient Comm OTH – Other (e.g., busin PTY – Political Party SCC – Small Contributor	ess entity)	r SCC)

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497 Contribution	Report	Amounts may	be round	ded to whole dollars.	1 00	RECEIVED BY	497 CONTRIBUTION REPORT		
NAME OF FILER HOGE FOR SUPERVISOR 2022				Date of This Filing 03/28/2022 08:43 Report No. Amendment to Report No. (explain below) No. of Pages 2		Date Stamp CALIFORNIA FORM 497 2022 MAR 29 AM 8 3128122 F.M. For Official Use Only PROPOSITION B UNIT			
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1403748									
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CITY STATE ZIP CODE LOS ANGELES, CA 91607									
2. Contribution(s)	Made					•			
DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)		
Reason for Amendment:									

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