

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY

497 CONTRIBUTION REPORT

NAME OF FILER ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022		Date of This Filing 05/10/2022	Date Stamp 2022 MAY 11 AM 8:38 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1445830	Report No. 05102022		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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
05/09/2022	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS STATE PAC MONTEREY PARK, CA 91755 Committee ID # 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00 <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

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

TRUONG, NEU & DAVIDSON LLP
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 05/10/2022 21:23
 #518 P.001/001