

**497 Contribution Report**

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Stern for Supervisor 2022 Attorney's Fees Fund		<b>Date of This Filing</b> <u>5/24/2022</u>	<p style="font-size: small;">RECEIVED BY Date Stamp</p> <p style="font-size: large; font-weight: bold;">LOS ANGELES COUNTY</p> <p style="font-size: large; font-weight: bold;">2022 MAY 25 AM 8:23</p> <p style="font-size: large; font-weight: bold;">5/24/22 FAX</p> <p style="font-size: large; font-weight: bold;">PROPOSITION B UNIT</p>	<b>CALIFORNIA FORM</b>	497
<b>AREA CODE/PHONE NUMBER</b> (213) 452-6565	<b>I.D. NUMBER (if applicable)</b> 1442999	<b>Report No.</b> <u>052422A</u>		For Official Use Only	
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)			
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90017		<b>No. of Pages</b> <u>1</u>	

**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
05/20/2022	Daniel William Schaefer  Pacific Palisades, CA 90272-4365	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Daniel W Schaefer	\$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