

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
Date Stamp
2022 MAY 26 PM 2:58
5/26/22 EM
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER COALITION OF WORKING CALIFORNIANS AND PUBLIC SAFETY IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022, SPONSORED BY UNIONS REPRESENTING CONSTRUCTION TRADES AND LAW ENFORCEMENT AREA CODE/PHONE NUMBER: (415) 389-6800 I.D. NUMBER (if applicable): 1448203			Date of This Filing 05/26/2022 Report No. 403 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS				
CITY	STATE	ZIP CODE		
SAN RAFAEL	CA	94901		

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
05/25/2022	A COALITION FOR A SAFER LOS ANGELES COUNTY 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		400,000.00 <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: _____