

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
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PROPOSITION B UNIT

CALIFORNIA	497
FORM	
For Official Use Only	

NAME OF FILER Stern for Supervisor 2022		
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1442984	
STREET ADDRESS		
CITY Los Angeles	STATE CA	ZIP CODE 90017

Date of This Filing	6/3/2022
Report No.	060322A
<input type="checkbox"/> Amendment to Report No. (explain below)	
No. of Pages	1

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
06/02/2022	Stanley Kandel Los Angeles, CA 90034-1061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$1,000.00 <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