

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
2022 SEP 26 AM 8:01
PROPOSITION B UNIT
9/24/22 FAX

NAME OF FILER Bob Hertzberg for Supervisor 2022		Date of This Filing 09/24/2022	Date Stamp 2022 SEP 26 AM 8:01	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	ID. NUMBER (if applicable) 1443772	Report No. 201729-IG		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95815	No. of Pages 2	

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
09/23/2022	California Association of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 Committee ID # 1235948	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check If Loan _____% Provide interest rate
09/23/2022	Peter Guber Los Angeles, CA 90010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Mandalay Entertainment	1,000.00 <input type="checkbox"/> Check If Loan _____% Provide interest rate
09/23/2022	William J. Mills NEW YORK, NY 10017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	1,500.00 <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: _____

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NAME OF FILER Bob Hertzberg for Supervisor 2022		Date of This Filing 09/24/2022	Date Stamp 2022 SEP 26 AM 8 PROPOSITION B UNIT 9/24/22 FAX	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772	Report No. 301729-LG		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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09/23/2022	National Association Industrial & Office Properties (NAIOP PAC) PAC Irvine, CA 92618 Committee ID # 950520	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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 _____

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