

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Bob Hartsberg for Supervisor 2022		Date of This Filing 09/24/2022	RECEIVED BY LOS ANGELES 497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only 2022 SEP 26 AM 3:01 PROPOSITION B UNIT 9/24/22 FAX
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1443772	Report No. 287497-1G	
STREET ADDRESS _____ _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Sacramento	STATE CA	ZIP CODE 95815	
No. of Pages 1			

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
09/24/2022	Shahla Pashale Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/24/2022	Shahla Pashale Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/24/2022	Shirin Pashale-Parsi Beverly Hills, CA 90212	<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 _____