| 497 Contrib  | ution Report                              | Amour                    | nts may be rounded to          | whole dollars.   | RECEIVED BY 4970  | ONTRIBUTION REPORT                             |
|--|---|--------------------------|--------------------------------|--|---|--|
| NAME OF FILER<br>Luna for Sheri  | ff 2022                                   |                          | Date of<br>This Filing         | 00/20/2022   | CALIFO  |  |
| AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)  (562) 983-0815 1442721 |   |                          | Report No.                     | 09-29-RL   | 9/30/22 EM. FOR ROPOSITION & UNIT   | Official Use Only                              |
| STREET ADDRESS   |   |                          | ☐ Amenda                       | nent   |   |  |
| CITY Long Beach  |   | STATE ZIP CODE  CA 90802 | (explain below)  No. of Pages3 |  |   |  |
| 1. Contributi  | on(s) Received                            |                          |                                |  |   |  |
| DATE<br>RECEIVED   | FULL NA                                   | NTRIBUTOR                | CONTRIBUTOR<br>CODE *          | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED  |  |
| 09/28/2022   | Michael Kump<br>Santa Monica, CA 90402    |                          |                                | X IND COM OTH PTY SCC  | Attorney<br>Kinsella Weitzman Iser Kump<br>Holley LLP   | 1,500.00  Check if Loan  Provide interest rate |
| 09/28/2022   | Chris Silbermann   Santa Monica, CA 90402 |                          |                                | IND COM OTH PTY SCC  | Agent<br>CAA  | 1,036.53  Check if Loan  Provide interest rate |
| 09/28/2022   | Kipp R Jones Long Beach, CA 908           | 803                      |                                | IND □ COM □ OTH □ PTY □ SCC  | Sales<br>City Fibers, Inc.  | 1,500.00  Check if Loan  Provide interest rate |
| Reason for Amer  | ndment:                                   |                          |                                |  | *Contributor Codes IND – Individual COM – Recipient Committee (ol OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Comm | ntity)   |

| NAME OF FILER                                     |                                      |  | Date of                 | 200                           | Date Stamp CALIFO  | ORNIA AOT          |
|---|--------------------------------------|--|-------------------------|-------------------------------|--|--------------------|
| Luna for Sheri                                    | ff 2022                              |  | This Filing             | 09/29/2022 707                | 2 SFP 30 AM 9: 09 FO   |                    |
| REA CODE/PHONE NUMBER I.D. NUMBER (if applicable) |                                      |  | Report No. 09-29-RL     |                               | 2 SEP 30 AM 9: 09 FOI<br>9/30/22 EN FOI<br>OPOSITION 8 UNIT  | Official Use Only  |
| (562) 983-0815<br>STREET ADDRESS                  |                                      | 1442721  |                         | 3.43                          | or controll a citi   |                    |
| TREET ADDRESS                                     |                                      |  | Amendment to Report No. |                               |  |                    |
| CITY  | STATE ZIP CODE                       |  | (explain below)         |                               |  |                    |
| Long Beach  |                                      | CA 90802   | No. of Pages3           |                               |  |                    |
| 1. Contributi                                     | on(s) Received                       |  |                         |                               |  | ***                |
| DATE<br>RECEIVED                                  | FULL NA                              | ME, STREET ADDRESS AND ZIP CODE OF CON<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TRIBUTOR                | CONTRIBUTOR<br>CODE *         | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)   | AMOUNT<br>RECEIVED |
| 09/28/2022  | XYZYX Productions Los Angeles, CA 9  |  |                         | ☐ IND☐ COM☐ SOTH☐ PTY☐ SCC    |  | 1,500.00           |
| 09/28/2022  | Tripalink Corp Los Angeles, CA 90007 |  |                         | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC     |  | 1,500.00           |
| 09/28/2022  | Lebs Inc. Los Angeles, CA 9          | 0007   |                         | ☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC |  | 1,500.0            |
| Reason for Amer                                   | ndment:                              |  |                         |                               | *Contributor Codes IND – Individual COM – Recipient Committee (of OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Commi | ntity)             |

| 497 Contribu   | ition Report                                       |             | Amount            | ts may be rounded to w                                    | hole dollars.                           | RECEIVED BY 4970   | CONTRIBUTION REPORT |
|--|--|-------------|-------------------|---|---|--|---------------------|
| NAME OF FILER Luna for Sheriff 2022  |  |             |                   | This Filing09/29/2022 20 20 20 20 20 20 20 20 20 20 20 20 |   | 5 ANGE DESCRIBED IN 17 CAL   | FORM 497            |
| AREA CODE/PHONE NUMBER  (562) 983-0815  STREET ADDRESS  1.D. NUMBER (if applicable)  1442721 |  |             | 4/30/ EZ EMI      |   |   |  |                     |
|  |  |             | ROPOSITION & UNIT |   |   |  |                     |
| CITY Long Beach  |  | STATE<br>CA | ZIP CODE<br>90802 | (explain below)  No. of Pages                             | 3                                       |  |                     |
| 1. Contribution  | on(s) Received                                     |             |                   |   |   |  |                     |
| DATE<br>RECEIVED   | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBI |             |                   | TRIBUTOR  | CONTRIBUTOR<br>CODE *                   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)   | AMOUNT<br>RECEIVED  |
| 09/28/2022   | Harry. Brittenhar<br>Beverly Hills, C              |             |                   |   | IND COM OTH PTY SCC                     | Attorney<br>Ziffren Brittenham LLP   | 1,500.00            |
|  |  |             |                   |   | IND<br>  COM<br>  OTH<br>  PTY<br>  SCC |  | Check if Loan       |
|  |  |             |                   |   | IND<br>  COM<br>  OTH<br>  PTY<br>  SCC |  | Check if Loan       |
| Reason for Amen  | dment:   |             |                   |   |   | *Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Comm | ntity)              |