497 Contribu	tion Report		Amounts m	ay be rounded to w	hole dollars.	RECEIVED BY 4970	OŅĪRIBUTION REPORT
NAME OF FILER Neighbors for L 2022	gainst Bob Hertz	berg for Supervisor	Date of This Filing	10/04/2022	2022 OCT FOR		
AREA CODE/PHONE NO. (510) 423-4300 STREET ADDRESS	I.D. NUMBER (if applicated)	ole)	Report No. 100422		2022 OCT -5 AMI: 55For	Official Use Only	
CITY	i t t t	STATE	ZIP CODE .	to Report No. (explain below)			
1. Contributio	on(s) Received						
DATE RECEIVED	FULL NAME	, STREET ADDRESS A (IF COMMITTEE, ALSO	ND ZIP CODE OF CONTRIB ENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/03/2022	Robert Rosenheck  Los Angeles, CA 900  Contribution earmarked and 02138 PAC limit not affect	d received through Ac	tBlue 14 Arrow Street, Su	ite 11 Cambridge, MA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Founder Galisteo Group, LLC.	5,000.00  Check if Loan  Provide interest rate
10/04/2022	Laborers Local 300 Los Angeles, CA 900 Committee ID # 9506		n, #		☐ IND ☐ COM ☐ OTH ☐ PTY ☑ SCC		25,000.00  Check if Loan  Provide interest rate
10/04/2022	BIG Outdoor OPCO LL Dallas, TX 75219	C(Brad Berkley)			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		10,000.00  Check if Loan  **  Provide interest rate
Reason for Amend	dment:			250000 87	* 4	*Contributor Codes  IND – Individual  COM – Recipient Committee (oth  OTH – Other (e.g., business en  PTY – Political Party  SCC – Small Contributor Commit	tity)

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## 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

Neighbors for I 2022	gainst Bob Hertzb	Date of This Filing 10/04/2022  Report No. 100422  Amendment to Report No. (explain below)  No. of Pages 2		Date Stamp	FORM 497 For Official Use Only			
AREA CODE/PHONE NUMBER (510)423-4300				I.D. NUMBER (if applicable) 1446284				
STREET ADDRESS								
CITY				STATE				
Oakland		CA	94607	ito. or rages				
1. Contribution	on(s) Received	¥			*			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVE		
10/04/2022	Emser International		an)	*	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC			2,500.00  Check if Loan  Provide interest rate
**************************************	, VI		ж.	9	☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Check if Loan  Check if Loan  Provide interest rate
3.					☐ IND☐ COM☐ OTH☐ PTY☐ SCC	<i>y</i>		☐ Check if Loan  % Provide interest rate
Reason for Amend	Iment:	v		ş Ç		*Contributor Code IND – Individual COM – Recipient C OTH – Other (e.g. PTY – Political Par SCC – Small Contr	Committee (oth , business ent	