497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER	Date of This Filing	Date Stamp	CALIFORNIA FORM **497**
ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022	10/10/2022	2022 OCT 11 AM 8: 03	

AREA CODE/PHONE NUMBER (213)624-6200

I.D. NUMBER *(if applicable)* 1445830

Report No. 10102022

10/10/22 FAX
PROPOSITION B UNIT

For Official Use Only

STREET ADDRESS

☐ **Amendment to Report No.** _____
(explain below)

CITY	STATE	ZIP CODE
LOS ANGELES	CA	90071

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
10/07/2022	BIZFED PAC. A PROJECT OF LOS ANGELES COUNTY BUSINESS FEDERATION SACRAMENTO, CA 95814 Committee ID # 1305594	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		30,000.00 ☐ Check if Loan ____% Provide interest rate
10/07/2022	TUTOR PERINI CORPORATION SYLMAR, CA 91342	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		10,000.00 ☐ Check if Loan ____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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