

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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PROPOSITION B UNIT

CALIFORNIA
FORM 497
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NAME OF FILER
California Association of Professional Employees PAC (CAPE PAC)

AREA CODE/PHONE NUMBER (626) 243-0340 **I.D. NUMBER (if applicable)** 761351

STREET ADDRESS

CITY Pasadena **STATE** CA **ZIP CODE** 91107

Date of This Filing 10/21/2022

Report No. 39848

Amendment to Report No. _____
(explain below)

No. of Pages 1

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/21/2022	Bob Hertzberg for Supervisor 2022 (ID# 1443772) Sacramento, CA 95814	Bob Hertzberg County Supervisor Los Angeles County District 3	1,500.00	11/08/2022

Reason for Amendment: _____