

497 Contribution Report

Amounts may be rounded to whole dollars.

FEB 08 2024

NAME OF FILER Perry Goldberg for Supervisor 2024		Date of This Filing 2/8/2024	Date Stamp LOS ANGELES COUNTY 2024 FEB -8 PM 2:43 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (818) 518-7866	I.D. NUMBER (if applicable) 1465040	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	
CITY Acton	STATE CA	ZIP CODE 93510		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
2/7/2024	Perry Goldberg Acton, CA 93510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Counsel EntityRisk, Inc.	\$1,000.00 <input checked="" type="checkbox"/> Check if Loan 0 _____% <small>Provide interest rate</small>
2/8/2024	Perry Goldberg Acton, CA 93510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Counsel EntityRisk, Inc.	\$900.00 <input checked="" type="checkbox"/> Check if Loan 0 _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small>

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