

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY MAR 03 2024 EM

NAME OF FILER Perry Goldberg for Supervisor 2024		Date of This Filing 3/3/2024	RECEIVED BY LOS ANGELES COUNTY Date Stamp 2024 MAR -4 AM 8:08 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. 4	
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 (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
3/3/2024	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.	\$5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

* 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

Reason for Amendment: _____

