

497 Contribution Report

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FAX

497 CONTRIBUTION REPORT

NAME OF FILER Denise Wilson		Date of This Filing 10/15/22	Date Stamp 497
AREA CODE/PHONE NUMBER 713 216 2960	ID NUMBER (if applicable)	Report No. _____	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	For Official Use Only
CITY Redondo Beach	STATE ZIP CODE CA 90277		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF REC.PIENT (IF COMMITTEE ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/15/22	Alliance to END Homelessness in Support of Bob Hertzberg for LA County supervisor 2022	Bob Hertzberg IE Committee County Supervisor #3	12,500.00	NOV 8th, 2022

Reason for Amendment _____

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