Major Donor and Independent Expenditure Committee

Independent Expenditure Committee Campaign Statement		en e	RECEIVED BY CALIFORNIA 461		
SEE INSTRUCTIONS ON REVERSE	Statement covers period from T 22 through 12 31 22	Date of election if applicable: (Month, Day, Year)	CAMPAIGN FINANCE M19645		
1. Name and Address of Filer	· .	3. Summary			
NAME OF FILER		(Amounts may be rounded to wh	nole dollars.)		
ALAN SMITH RESIDENTIAL OR MAILING ADDRESS (N	NO. AND STREET)	Expenditures and cont (including loans) of \$10 made this period. (Par			
	STATE ZIP CODE	Unitemized expenditur contributions (including \$100 made this period)			
RESPONSIBLE OFFICER (If filer is other than an individual)	AREA CODE/DAYTIME PHONE	Total expenditures and made this period. (Add	d contributions d Lines 1 + 2.)SUBTOTAL \$		
2. Nature and Interests of Filer (Complete A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, A NAME OF EMPLOYER/BUSINESS JI WED LAGAR ADDRESS OF EMPLOYER/BUSINESS		5. Total expenditures and (including loans) made January 1 of the curre	ment. (Enter last statement statement for er zero.)\$ contributions essince		
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBENGAGED	E THE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification	· · · · · · · · · · · · · · · · · · ·		
A FILER THAT IS AN ASSOCIATION MUST PROVIDE A S	TY, OR ASSOCIATION MUST DESCRIBE THE	the laws of the State of California that the state of california that the state and correct. Executed on 1/25/23 By			
COMMON ECONOMIC INTEREST OF THE GROUP OR	ENTITY	. DATE	RESPO SER, IF OTHER THAN AN INDIVIDUAL		
Amendment (Explain):		_	FPPC Form 461 (Jan/2016)		

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

Statement covers period from 7 / 1 2 Z	california 461		
through 12/31/22	Page of		

NAME OF FI	LER		Page			
ALAN	SmITH					
	ributions (Including Loans, Forgiver pace is needed, use additional copies of this page for continuation she		, and Loan Guara	antees) and Expenditure	es Made	
DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUN RELATED TO THIS CANDIDATE, MEASUR OR COMMITTEE
18)22	ALLIANCE TO END HOMEZESSNES IN SUPPLIED OF BOB HERZEGEL FOR LALOUNTS SUPERVISOR ZOZZ	Monetary Contribution Loan Non-Monetary Contribution		BOB HERZISTER	\$ 12.50	
	LA (A 90071	Independent Expenditure		—————————————————————————————————————		-
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support ☐ Oppose	-	
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support ☐ Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support ☐ Oppose		