

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT  
**CALIFORNIA FORM 497**  
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**NAME OF FILER**  
Los Angeles County Professional Peace Officers' Association Independent Expenditure Committee

**AREA CODE/PHONE NUMBER** (916) 556-1776

**I.D. NUMBER (if applicable)** 810614

**STREET ADDRESS,**

**CITY** Sacramento **STATE** CA **ZIP CODE** 95814

**Date of This Filing** 10/13/2022

**Report No.** 2022-3

**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)
10/13/2022	Alliance to End Homelessness in Support of Bob Hertzberg for LA County Supervisor 2022 (ID# 1445830) Marina Del Rey, CA 90292		50,000.00	06/07/2022

Reason for Amendment: \_\_\_\_\_