

497 Contribution Report

Amounts may be rounded to whole dollars.

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|---|-----------------------------|---|---|---|
| NAME OF FILER ALAN SMITH | | Date of This Filing 10/19/22 | RECEIVED BY LOS ANGELES COUNTY 2022 OCT 20 AM 9 10/19/22 FAX CAMPAIGN FINANCE | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 323 595 0444 | I.D. NUMBER (if applicable) | Report No. 1 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY LOS ANGELES | STATE CA | ZIP CODE 90036 | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|----------------------------------|
| 10/18/22 | ALLIANCE TO END HOMELESSNESS IN SUPPORT OF BOB HERTZBERG FOR LA COUNTY SUPERVISOR 2022 | BOB HERTZBERG LA COUNTY SUPERVISOR | \$12,500 | 11/8/22 |
| | LOS ANGELES CA 90071 | | | |
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Reason for Amendment: _____

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OCT 19/2022 MED 02:09 PM
 FAX No.
 P. 001/001