

From: Carly Allevato

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To:

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER Robert A. Kotick		Date of This Filing 05/27/2022	Date Stamp <b>2022 MAY 31</b>	CALIFORNIA FORM <b>497</b>
AREA CODE/PHONE NUMBER (310) 255-2202	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	CAMPAIGN FINANCE Official Use Only	
CITY Santa Monica	STATE CA		ZIP CODE 90405	

## 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)
05/26/2022	Alliance to End Homelessness in Support of Bob Hertzberg for LA County Supervisor 2022 (ID #1445830)	Bob Hertzberg; Los Angeles County Supervisor	\$10,000.00	06/07/2022

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