

# 497 Contribution Report

Amounts may be rounded to whole dollars.

0001/0001

NAME OF FILER <b>Committee to Elect Bob Jensen for Hart School Board 2022</b>			Date of This Filing 9/2/22	RECEIVED BY LOS ANGELES COUNTY 2022 SEP -2 PM 2:10 CAMPAIGN FINANCE	CALIFORNIA FORM <b>497</b> For Official Use Only 015821 C07466
AREA CODE/PHONE NUMBER 661-705-4223	I.D. NUMBER (if applicable) 12850442		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Valencia	STATE CA	ZIP CODE 91355	No. of Pages 1		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/1/22	Poole & Shaffery, LLP Santa Clarita, CA 91355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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

\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

KKAJ LLP

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