

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Residents Against Overdevelopment		Date of This Filing 5-1-23	Date Stamp BEVERLY HILLS CITY CLERK 2023 MAY 1 PM 4:03	CALIFORNIA FORM 497 For Official Use Only <i>indexed</i> <i>5/1/23</i> <i>AK ✓</i>
AREA CODE/PHONE NUMBER (310) 276-6847	I.D. NUMBER (if applicable) 1458996	Report No. #4		
STREET ADDRESS 123 North Palm Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Beverly Hills	STATE CA	ZIP CODE 90210	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
4-30-23	Joel Geiderman, M.D. 704 North Maple Drive Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Community Urgent Care Medical Group	\$1,000 <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