## **497 Contribution Report**

Amounts may be rounded to whole dollars.

497 CONTRIBILITION REPORT

			DEOFILIED DV	407 CONTRIBOTION TEL ONT	
NAME OF FILER Holly J. Mitchell for County	Supervisor 2020	Date of This Filing 12/09/2019	LOS ANGELES COUNT	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (916) 706-2677	I.D. NUMBER (if applicable)	Report No. 3/3/20-2	2019 DEC 10 AM 8: 13		
STREET ADDRESS		Amendment to Report No.	PROPOSITION B UNIT		
CITY	STATE ZIP CODE	(explain below)			
Sacramento	CA 95814	No. of Pages2			
1. Contribution(s) Receiv	/ed				

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
12/07/2019	Sam Yebri Los Angeles, CA 90024		Attorney Merino Yebri Llp	1,000.00  Check if Loan  **  Provide interest rate
12/09/2019	Kim Hunter Los Angeles, CA 90025	IND COM OTH PTY SCC	Ceo Lagrant Communications	1,500.00  Check if Loan  Provide interest rate
12/09/2019	Paulo Lima Los Angeles, CA 90025	IND     COM     OTH     PTY     SCC	Senior Vice President Arts & Culture Practice Lagrant Communication	1,500.00  Check if Loan  Provide interest rate

\*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

## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

							497 CONTRIBUTION	REPURI
NAME OF FILER  Holly J. Mitchell for County Supervisor 2020			Date of		LOS ANGELES COUNT	CALIFORNIA A	197	
			This Filing	12/09/2019	LOS ANGELES COUNT	FORM 4	91	
AREA CODE/PHONE NUMBER  (916) 706-2677  1415889		2	3/20-2	E 000 1 111 0 1				
			Report No. 3/3/20-2		2019 DEC 10 AM 8: 13			
STREET ADDRESS		☐ Amendme		PROPOSITION B UNIT				
CITY		STATE	ZIP CODE	(explain below)				
Sacramento		CA	95814	No. of Pages	2			
1. Contributi	on(s) Received							
DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AN (IF COMMITTEE, ALSO B		IBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPI (IF SELF-EMPLOYED, ENTER NAME OF BU		
12/09/2019	June D. Raphael				□ IND	Actress/Writer	1,	,500.00
	New York, NY 10003				IND     COM     OTH     PTY     SCC	June D. Raphael	☐ Check if	%
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Check if	Loan %
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if	%
						OTH - Other (e.g., bus	mittee (other than PTY or siness entity)	r SCC)
Reason for Amen	dment:					PTY – Political Party SCC – Small Contributo	r Committee	