497 Contribution Report Amounts may be rounded to whole dollars. 497 CONTRIBUTION REPORT NAME OF FILER Date of **CALIFORNIA** 02/03/2020 LO\$ ANGELES C Holly J. Mitchell for County Supervisor 2020 This Filing _ **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 2020 FEB -3 PM 2: 39 For Official Use Only **Report No.** $\frac{3/3/20-22}{}$ (916) 706-2677 1415889 STREET ADDRESS PROPOSITION B UNIT ☐ Amendment to Report No. _ CITY (explain below) STATE ZIP CODE No. of Pages _____1 Sacramento CA 95814 1. Contribution(s) Received IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR AMOUNT ENTER OCCUPATION AND EMPLOYER RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) 02/03/2020 Jose Medina for Assembly 2020 1,500.00 ☐ IND Sacramento, CA 95815 X COM Committee ID # 1414629 OTH ☐ Check if Loan PTY □ SCC Provide interest rate 02/03/2020 Mark Williamson Officer 1,500.00 X IND Grace Public Affairs Elk Grove, CA 95757 ☐ COM OTH ☐ Check if Loan PTY SCC Provide interest rate ☐ IND COM OTH Check if Loan PTY ☐ SCC 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