

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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|--|---|--|---|---|
| NAME OF FILER Communities United for Holly Mitchell for LA Supervisor 2020 | | Date of This Filing 08/26/2020 | RECEIVED BY LOS ANGELES COUNTY 2020 AUG 27 AM 8:00 PROPOSITION B UNIT | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (916) 285-5733 | I.D. NUMBER (if applicable) 1424932 | Report No. 684643-IM | | |
| STREET ADDRESS _____ | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Sacramento | STATE CA | ZIP CODE 95815 | 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 |
|---------------|--|---|--|---|
| 08/26/2020 | Louise McCarthy Los Angeles, CA 90043 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief Executive Officer Community Clinic Association of Los Angeles County | 5,000.00 <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 |

*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

Reason for Amendment: _____