

**497 Contribution Report**

Amounts may be rounded to whole dollars

**RECEIVED BY**  
**LOS ANGELES COUNTY**

CONTRIBUTION REPORT

Date Stamp  
**2020 SEP 17 AM 8:00**

**CALIFORNIA FORM 497**  
For Official Use Only

**PROPOSITION B UNIT**

**NAME OF FILER**  
Committees United for Holly Mitchell for LA Supervisor 2020

**AREA CODE/PHONE NUMBER**  
(916) 285-6733

**I.D. NUMBER (if applicable)**  
2424932

**STREET ADDRESS**

**CITY STATE ZIP CODE**  
Sacramento CA 95815

**Date of This Filing** 09/16/2020

**Report No.** 905331-AJ

Amendment to Report No. \_\_\_\_\_  
(explain below)

**No. of Pages** 2

**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
09/16/2020	National Union of Healthcare Workers Candidate Committee for Quality Patient Care and Union Democracy Committee ID # 1318200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 <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: \_\_\_\_\_

FPPC Form 497 (Feb 2019)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov