497 Contribution Report Amounts may be rounded to whole dollars. 497 CONTRIBUTION REPORT NAME OF FILER Date of This Filing ___09/17/2020 **FORM** Holly J. Mitchell for County Supervisor 2020 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. 11/3/20-24 (916)706-2677 1415889 PROPOSITION B UNIT STREET ADDRESS ☐ Amendment to Report No. (explain below) CITY STATE ZIP CODE No. of Pages CA 95814 Sacramento 1. Contribution(s) Received IF AN INDIVIDUAL. FULL NAME, STREET ADDRES'S AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** DATE ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * RECEIVED RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) President 1,500.00 09/16/2020 James Garrison X IND Pacific Federal, LLC Glendale, CA 91202 COM OTH ☐ Sheick if Loan PTY SCC Provide interest rate 1,000.00 09/17/2020 Luis Ayala Executive X IND Children's Hospital Los Angeles Altadena, CA 91001 COM OTH ☐ Check if Loan PTY SCC Provide interest rate Retired 1,500.00 09/17/2020 Arnie Fishman X IND Retired Los Angelles, CA 90049 COM OTH ☐ Check if Loan PTY SCC Provide interest rate *Contributor Codes IND - Individual

Reason for Amendment:

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

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

497 Contrib	ution Report	Amount	ts may be rounded to w	hole dollars.	BECEIVED DV	497 CONTRIBUTION REPORT
NAME OF FILER Holly J. Mitch	mell for County Super	visor 2020	Date of This Filing 09/17/2020			CALIFORNIA 497
AREA CODE/PHONE NUMBER (916) 706-2677 STREET ADDRESS I.D. NUMBER (if applicable) 1415889			Report No. 11	nt PR		For Official Use Only
			☐ Amendme			
CITY Sacramento		STATE ZIP CODE CA 95814	(explain below) No. of Pages	2		
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DATE RECEIVED	FULL NAM	ME, STREET ADDRESS AND ZIP CODE OF CON- (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLO (IF SELF-EMPLOYED, ENTER NAME OF BUS	
09/17/2020	Plenitude Holdings Irvine, CA 92614 Responsible Officer: Wil			☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00 Check if Loan Provide interest rate
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
		•		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
Reason for Amer	ndment:	,			*Contributor Codes IND – Individual COM – Recipient Commit OTH – Other (e.g., busin PTY – Political Party	