497 Contribution Report

Amounts may be rounded to whole dollars.

				-			497 COI	NTRIBUTION REPORT
NAME OF FILER				Date of		Date Stamp	CALIFO	RNIA AOT
Holly J. Mitchell for County Supervisor 2020			This Filing	09/22/2020	RECEIVED BY LOS ANGELES COUNTY	FORI		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) (916) 706-2677 1415889		e)			LOS ANGELES COUNTY	For O	fficial Use Only	
		1415889		Report No. 11/3/20-28		2020 SEP 23 AM 8: 04		,
STREET ADDRESS				Amendment to Report No.		PROPOSITION B UNIT		
CITY STATE ZIP		ZIP CODE	(explain below)					
Sacramento		CA	95814	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
	Jodi Hicks Sacramento, CA 95864					CEO Planned Parenthood Affiliates Of California		1,000.00
	,				OTH			☐ Check if Loan
					SCC			Provide interest rate
09/22/2020 Julia Lourie					X IND	Human Development Thought Collective Member		1,500.00
Br	rooklyn, NY 11238				COM OTH PTY SCC			☐ Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
Reason for Amendme	nt:					*Contributor Codes IND – Individual COM – Recipient Con OTH – Other (e.g., br PTY – Political Party SCC – Small Contribu	usiness entit	y)