

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION		<b>Date of This Filing</b> 09/28/2020	Date Stamp  <b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>  (213) 624-5200	<b>I.D. NUMBER (if applicable)</b>  1421304	<b>Report No.</b> 09282020	
<b>STREET ADDRESS</b>  CITY: LOS ANGELES STATE: CA ZIP CODE: 90071		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
		<b>No. of Pages</b> 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
09/25/2020	PERSONAL INSURANCE FEDERATION OF CA AGENTS & EMPLOYEES PAC SACRAMENTO, CA 95814 Committee ID # 1338487	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/25/2020	TIDES ADVOCACY SAN FRANCISCO, CA 94129	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30,000.00  <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

\*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: \_\_\_\_\_