

OCT/14/2020/WED 03:31 PM Deane & Company FAX No. 19163331344 P.001

497 Contribution Report

Amounts may be rounded to whole dollars

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LOS ANGELES COUNTY
Date Stamp
2020 OCT 15 AM 8:28
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497
For Official Use Only

NAME OF FILER Communities United for Holly Mitchell for LA Supervisor 2020			Date of This Filing 10/14/2020
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1424932		Report No. 905869-KS
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)
CITY Sacramento	STATE CA	ZIP CODE 95815	

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
10/13/2020	Ben Allen Sardena, CA 90248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senator California	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide Interest rate
10/13/2020	Tom Steyer San Francisco, CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advocacy & Philanthropy Fahr, LLC	100,000.00 <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: _____

R-95% Page: 001 ID: CAMPAIGN FINANCE OCT-14-2020 02:59PM From: 19163331344