497 Contrib	ution Report	Amount	ts may be rounded to v	vhole dollars.	PECEIVED DY 497C	ONTRIBUTION REPORT
NAME OF FILER Holly J. Mitch	nell for County Super	visor 2020	Date of This Filing _	10/19/2020	LOS ANGELES CO CALIFORNIA 49	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1415889			Report No. 11/3/20-48		2020 OCT 20 AM 8: 14For	Official Use Only
STREET ADDRESS			Amendment to Report No		PROPOSITION B UNIT	
CITY Sacramento		STATE ZIP CODE CA 95814	No. of Pages 3			
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NA	ME, STREET ADDRESS AND ZIP CODE OF CON' (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/16/2020	I Work 4 U Enterta			☐ IND☐ COM☐ OTH☐ PTY		1,500.00
				□ scc		Provide interest rate
10/16/2020	Andrew Okun Beverly Hills, CA	90066		X IND COM OTH PTY SCC	Not Employed Not Employed	1,000.00 ☐ Ch€ck if Loan — % Provide interest rate
10/17/2020	Black Women's Demo	ocratic Club	W. Garage Street, and the street of the stre			1,500.00
	Inglewood, CA 90301			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan Check if Loan Provide interest rate
Reason for Ame	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (ot OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	her than PTY or SCC)

				13	The state of the s		
497 Contrib	ution Report	Amount	ts may be rounded to w	hole dollars.	RECEIVED BY 4	97 CONTRIBUTION REPORT	
NAME OF FILER			Date of	L	CO A A LODGE CHARLES THE COLUMN TO THE COLUM	LIFORNIA 107	
Holly J. Mitch	ell for County Super	visor 2020	This Filing	10/19/2020		FORM 431	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Report No. 1	1/3/20-48	2020 OCT 20 AM 8: 14	For Official Use Only		
(916) 706-2677 STREET ADDRESS	2.000	1415889			PROPOSITION B UNIT		
OTTLET ADDITED			☐ Amendme		, Kei Goillen B Gill		
CITY		STATE ZIP CODE	(explain below)				
Sacramento		CA 95814	No. of Pages	3			
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYE (IF SELF-EMPLOYED, ENTER NAME OF BUSINES		
10/18/2020	Jill Bauman Los Angeles, CA 90			Executive Imagine LA	1,000.00		
				□ PTY □ SCC		Provide interest rate	
10/18/2020	Keith Griffith Charlotte, NC 28270			X IND □ COM	Banker Bank of America	1,500.00	
				COM OTH PTY SCC		☐ Check if Loan	
						Provide interest rate	
10/18/2020	Bridget Harper			X IND	Marketing Cigna Health	10.00	
	Los Angeles, CA 90		COM OTH PTY SCC	cigna nearth	☐ Check if Loan		
					144 49,7	Provide interest rate	
Reason for Amer	idment:				*Contributor Codes IND – Individual COM – Recipient Committee OTH – Other (e.g., busines PTY – Political Party SCC – Small Contributor Con	s entity)	

	on Report		Amounts	may be rounded to w	hole dollars.	RECEIVED BY 497	CONTRUBUTIONREFOR
NAME OF FILER Holly J. Mitchell for County Supervisor 2020			This Filing 10/19/2020		D ANGIDATE STANDOUNTY CALL	LIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (# applicable) (916) 706-2677 1415889		9)	Report No. 11/3/20-48			or Official Use Only	
STREET ADDRESS				☐ Amendme	nt	ROPOSITION B UNIT	
CITY		STATE CA	ZIP CODE 95814	(explain below) No. of Pages	3		
1. Contribution	(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CON- (IF COMMITTEE, ALSO ENTER LD. NUMBER)		BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
	Sharon Spira-Cushn Los Angeles, CA 90				IND COM OTH PTY SCC	Non Profit Executive Stephen Wise Temple	1,500.0
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Check if Loan