

497 Contribution Report

Amounts may be rounded to whole dollars.

DEC 28 2023 **EM**
 RECEIVED BY
 LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Holly J. Mitchell for County Supervisor 2024			Date of This Filing <u>12/28/2023</u>	Date Stamp 2023 DEC 29 AM 9:	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 706-2677	I.D. NUMBER (if applicable) 1458425		Report No. <u>3/5/24-8</u>	PROPOSITION B UNIT	
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
12/28/2023	National Union of Healthcare Workers Candidate Committee for Quality Patient Care and Union Democracy Sacramento, CA 95815 Committee ID # 1318200	<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
		<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
		<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

Reason for Amendment: _____

*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