

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 08 2024 EM
LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Holly J. Mitchell for County Supervisor 2024			Date of This Filing 02/08/2024	Date Stamp 2024 FEB -8 AM 11:34	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 706-2677	I.D. NUMBER (if applicable) 1458425	Report No. 3/5/24-26 PROPOSITION B UNIT			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 2		

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
02/07/2024	Greg Campbell Davis, CA 95618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Campbell Strategy & Advocacy	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/07/2024	Felipe Fuentes Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant The Apex Group	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/07/2024	IBEW PAC Educational Fund Washington, DC 20001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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: _____

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LOS ANGELES COUNTY 497 CONTRIBUTION REPORT

NAME OF FILER Holly J. Mitchell for County Supervisor 2024			Date of This Filing <u>02/08/2024</u>	Date Stamp 2024 FEB -8 AM 11:30 PROPOSITION 8 UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 706-2677	I.D. NUMBER (if applicable) 1458425	Report No. <u>3/5/24-26</u>			
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CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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02/07/2024	Securing a Kinder Democracy PAC Washington, DC 20003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <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
		<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

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