

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Holly J. Mitchell for County Supervisor 2024			<b>Date of This Filing</b> 02/28/2024	RECEIVED BY <b>LOS ANGELES COUNTY</b> Date Stamp <b>2024 FEB 29 AM 8:39</b> PROPOSITION B UNIT	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916) 706-2677	<b>I.D. NUMBER (if applicable)</b> 1458425	<b>Report No.</b> 3/5/24-37			
<b>STREET ADDRESS</b>  			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<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
02/27/2024	Los Angeles County Democratic Party Los Angeles, CA 90017 Committee ID # 1237135	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00  <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

\*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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