

# 497 Contribution Report

Amounts may be rounded to whole dollars.

MAR 01 2024

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LOS ANGELES COUNTY  
MAR -1 PM 2:12  
PROPOSITION B UNIT

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2024, SPONSORED BY LA VOICE ACTION			<b>Date of This Filing</b> <u>03/01/2024</u>	Date Stamp MAR -1 PM 2:12	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 624-6200	<b>I.D. NUMBER (if applicable)</b> 1466771	<b>Report No.</b> <u>03012024</u>			
<b>STREET ADDRESS</b>			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 90071	<b>No. of Pages</b> <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
02/29/2024	DIGNITY CA SERVICE EMPLOYEES INTERNATIONAL UNION SEIU LOCAL 2015  LOS ANGELES, CA 90057 Committee ID # 1357256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		12,000.00  <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: \_\_\_\_\_