

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT
CALIFORNIA FORM **497**

NAME OF FILER
Committees United for Holly Mitchell for LA Supervisor 2020

AREA CODE/PHONE NUMBER (916) 285-5733 I.D. NUMBER (if applicable) 1424932

STREET ADDRESS

CITY Sacramento STATE CA ZIP CODE 95815

Date of This Filing 02/24/2020

Report No. 904888-AJ 2020

Amendment to Report No. (explain below)

No. of Pages 1

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PROPOSITION B UNIT

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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
02/21/2020	California Dental Association PAC Sacramento, CA 95814 Committee ID # 742855	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <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: _____

FPPC Form 497 (Feb/2019)
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