497 Contribution Report

Amounts may be rounded to whole dollars.

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CALIFORNIA FORM 497

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NAME OF FILER Holly J. Mitchell for County Supervisor 2020	Date of This Filing ___08/07/2020___
AREA CODE/PHONE NUMBER (916) 706-2677	**I.D. NUMBER** *(if applicable)* 1415889	Report No. _11/3/20-1_
STREET ADDRESS ▮▮▮▮▮▮ ▮▮▮	☐ Amendment to Report No. _____ (explain below)
CITY Sacramento	**STATE** CA	**ZIP CODE** 95814	No. of Pages ____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
08/07/2020	Wendy Mitchell Sherman Oaks, CA 91423	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant WM Consulting	1,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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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