497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER	**Date of This Filing** 08/28/2020
Holly J. Mitchell for County Supervisor 2020	
AREA CODE/PHONE NUMBER / **I.D. NUMBER** (if applicable)	**Report No.** 11/3/20-15
(916) 706-2677 / 1415889	
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
08/28/2020	International Longshore and Warehouse Union Local 13 PAC San Pedro, CA 90731 Committee ID # 1226530	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		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

Reason for Amendment: _____

_____

*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