497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

NAME OF FILER		
Holly J. Mitchell for County Supervisor 2020		

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
(916) 706-2677	1415889

STREET ADDRESS

CITY	STATE	ZIP CODE
Sacramento	CA	95814

Date of This Filing __09/09/2020__

Date Stamp

Report No. 11/3/20-19

☐ Amendment to Report No. _____
(explain below)

No. of Pages __1__

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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
09/08/2020	Liberty Mutual Insurance Company PAC Boston, MA 02116 Committee ID # 1337192	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1,500.00 ☐ Check if Loan _____% Provide interest rate
09/08/2020	Glen March Los Angeles, CA 90056	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Retired	1,500.00 ☐ Check if Loan _____% Provide interest rate
09/08/2020	Roger Wu San Francisco, CA 94123	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Doctor City And County Of San Francisco	1,500.00 ☐ 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)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov