

497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

NAME OF FILER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020,
SPONSORED BY LA VOICE ACTION

AREA CODE/PHONE NUMBER (213) 624-6200
I.D. NUMBER (if applicable) 1421304

STREET ADDRESS

CITY LOS ANGELES
STATE CA
ZIP CODE 90071

Date of This Filing 09/21/2020

Report No. 09212020

Amendment to Report No. _____
(explain below)

No. of Pages 1

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CALIFORNIA FORM 497

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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
09/18/2020	JOE SANBERG LOS ANGELES, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENTREPRENEUR/ INVESTOR JOE SANBERG	5,000.00 <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: _____