

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 07 2024 54
 LOS ANGELES COUNTY CALIFORNIA
 Date Stamp
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 PROPOSITION 5 UNIT
 497
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NAME OF FILER
 Holly J. Mitchell for County Supervisor 2024

AREA CODE/PHONE NUMBER (916) 706-2677

I.D. NUMBER (if applicable) 1458425

STREET ADDRESS

CITY Sacramento **STATE** CA **ZIP CODE** 95814

Date of This Filing 02/07/2024

Report No. 3/5/24-25

Amendment to Report No. _____
 (explain below)

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
02/06/2024	Alexis Podesta Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Podesta Company	1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/06/2024	Abby Sher Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/06/2024	Abby Sher Los Angeles, CA 90025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00 <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: _____