

# 497 Contribution Report

Amounts may be rounded to whole dollars.

**NAME OF FILER**  
 Holly J. Mitchell for County Supervisor 2020

**AREA CODE/PHONE NUMBER** (916) 706-2677

**I.D. NUMBER (if applicable)** 1415889

**STREET ADDRESS**

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

**Date of This Filing** 08/17/2020

**Report No.** 11/3/20-5

**Amendment to Report No.** \_\_\_\_\_  
 (explain below)

**No. of Pages** 1

497 CONTRIBUTION REPORT

**RECEIVED BY**  
**LOS ANGELES COUNTY**  
 2020 AUG 20 AM 11:59  
**PROPOSITION B UNIT**

**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
08/16/2020	Austin Beutner Los Angeles, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Superintendent Los Angeles Unified School District	1,500.00  <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: \_\_\_\_\_