

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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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** 09/23/2020

**Report No.** 09232020

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

**No. of Pages** 1

Date Stamp  
**PROPOSITION B**

**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
09/22/2020	IBRAHIM ALHUSSEINI LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING PARTNER FULLCYCLE CLIMATE PARTNERS	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: \_\_\_\_\_