497 Contribution Report

Amounts may be rounded to whole dollars.

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2020 NOV -4 AM 8: 02

PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM 497

NAME OF FILER Holly J. Mitchell for County Supervisor 2020			Date of This Filing __11/03/2020__	For Official Use Only
AREA CODE/PHONE NUMBER (916)706-2677	I.D. NUMBER *(if applicable)* 1415889		Report No. 11/3/20-59	
STREET ADDRESS			☐ Amendment to Report No. _____ (explain below)	
CITY Sacramento	STATE CA	ZIP CODE 95814	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
11/02/2020	Blue Shield of California Oakland, CA 94607	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,500.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____