497 Contrib	ution Report		Amount	s may be rounded to	whole dollars.	LOS ANGELES COUNT 497C	ONTRIBUTION REPORT
NAME OF FILER Holly J. Mitchell for County Supervisor 2024				Date of This Filing 01/03/2024  Report No. 3/5/24-12  Amendment to Report No		PROPOSITION B UNIT  CALIFORNIA 497  FORM  For Official Use Only	
AREA CODE/PHONE NUMBER  (916) 706-2677  1458425							
STREET ADDRESS							
CITY Sacramento		STATE	ZIP CODE 95814	(explain below)  No. of Page:	s1		
1. Contributi	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)			TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/02/2024	Billie Greer Los Angeles, CA 9	0015			IND COM OTH PTY SCC	Retired Retired	1,500.00
					IND   COM   OTH   PTY   SCC		Check if Loan
					IND   COM   OTH   PTY   SCC		Check if Loan
Reason for Amer	ndment:					*Contributor Codes IND – Individual COM – Recipient Committee (otl OTH – Other (e.g., business en PTY – Political Party SCC – Small Contributor Commit	tity)