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08:58:02 p.m. 01-11-2024  
Political Reporting Plus  
3106726679

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LOS ANGELES COUNTY

# 497 Contribution Report

Amounts may be rounded to whole dollars.

2024 JAN 12 AM 8:00  
Date Stamp

497 CONTRIBUTION REPORT

**CALIFORNIA FORM 497**

For Official Use Only

PROPOSITION B UN

**NAME OF FILER**  
MITCHELL FOR DISTRICT ATTORNEY 2024

**AREA CODE/PHONE NUMBER** (310) 817-6679

**I.D. NUMBER (if applicable)** 1462654

**STREET ADDRESS**

**CITY** Inglewood

**STATE** CA

**ZIP CODE** 90301

**Date of This Filing** 01/11/2024

**Report No.** 11124

**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
01/11/2024	Bobken Amirian Glendale, CA 91206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	6,500.00  <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: \_\_\_\_\_