

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY FEB 14 2024  
LOS ANGELES COUNTY  
Date Stamp  
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PROPOSITION B UNIT

497 CONTRIBUTION REPORT  
**CALIFORNIA FORM 497**  
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<b>NAME OF FILER</b> WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2024, SPONSORED BY LA VOICE ACTION		
AREA CODE/PHONE NUMBER  (213) 624-6200	I.D. NUMBER (if applicable)  1466771	
STREET ADDRESS  		
CITY  LOS ANGELES	STATE  CA	ZIP CODE  90071

**Date of This Filing** 02/14/2024

**Report No.** 02142024

**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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
02/07/2024	PROGRESSIVE ERA PAC  SAN FRANCISCO, CA 94104 Committee ID # 1449477	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0.01  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
02/13/2024	PROGRESSIVE ERA PAC  SAN FRANCISCO, CA 94104 Committee ID # 1449477	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		30,000.00  <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

Reason for Amendment: \_\_\_\_\_

\*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