

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY MAR 02 2024
 LOS ANGELES COUNTY
 2024 MAR -4 AM 8:08
 PROPOSITION B UNIT

EA

CALIFORNIA FORM 497

NAME OF FILER
 Holly J. Mitchell for County Supervisor 2024

AREA CODE/PHONE NUMBER (916) 706-2677

I.D. NUMBER (if applicable) 1458425

STREET ADDRESS

CITY Sacramento **STATE** CA **ZIP CODE** 95814

Date of This Filing 03/02/2024

Report No. 3/5/24-39

Amendment to Report No. _____
 (explain below)

No. of Pages 1

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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
03/01/2024	Lynda Oschin Los Angeles, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
03/01/2024	James Wisley Hermosa Beach, CA 90254	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	1,000.00 <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

*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: _____