

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER MITCHELL FOR DISTRICT ATTORNEY 2024		Date of This Filing 02/26/2024 RECEIVED BY LOS ANGELES COUNTY 2024 FEB 27 AM 8:23 PROPOSITION B UNIT	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 817-6679	I.D. NUMBER (if applicable) 1462654	Report No. 22624 <input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS _____		No. of Pages 1	
CITY Inglewood	STATE CA	ZIP CODE 90301	

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
02/24/2024	Khanh-Long Thai El Monte, CA 91732	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner El Monte Pharmacy	5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/24/2024	K.H. Enterprise Inc Temple City, CA 91780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
02/24/2024	Timothy McGonigle Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Timothy McGonigle APC	1,036.58 <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: _____

1 / 1
 08:22:21 p.m. 02-26-2024
 Political Reporting Plus
 310 6726679