

CA-2426756

**497 Contribution Report**

Amounts may be rounded to whole dollars.

**NAME OF FILER**  
 Holly J. Mitchell for County Supervisor 2020

**AREA CODE/PHONE NUMBER** (916) 706-2677

**I.D. NUMBER (if applicable)** 1415889

**STREET ADDRESS**

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

**Date of This Filing** 12/26/2019

**Report No.** 3/3/20-7

**Amendment to Report No.** \_\_\_\_\_  
 (explain below)

**No. of Pages** 1

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 Date Stamp  
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 PROPOSITION B UNIT

497 CONTRIBUTION REPORT  
**CALIFORNIA FORM 497**  
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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
12/26/2019	Jan Masaoka San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nonprofit Administrator California Association of Nonprofits (Calnonprofits)	1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/26/2019	SEIU United Healthcare Workers West PAC Sacramento, CA 95814-4602 Committee ID # 747285	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00 <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

\*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: \_\_\_\_\_  
 \_\_\_\_\_