

# 497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

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PROPOSITION B UNIT

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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**NAME OF FILER**  
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020,  
SPONSORED BY LA VOICE ACTION

**AREA CODE/PHONE NUMBER** (213) 624-6200      **I.D. NUMBER (if applicable)** 1421304

**STREET ADDRESS**

**CITY** LOS ANGELES      **STATE** CA      **ZIP CODE** 90071

**Date of This Filing** 10/15/2020

**Report No.** 10152020

**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
10/14/2020	ELIZABETH D. SIMONS ATHERTON, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	25,000.00 <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
		<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: \_\_\_\_\_