

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Chris Holden for Supervisor 2024			Date of This Filing 12/29/23	RECEIVED BY LOS ANGELES COUNTY 2024 JAN -2 AM 8:31 PROPOSITION B UNIT 12/29/23 <i>RM</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 626-864-5255	I.D. NUMBER (if applicable) 1458291		Report No. 2023-12-29-03		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Pasadena	STATE CA	ZIP CODE 91105			

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
12/29/23	Esmeralda Somilleda Perez Baldwin Park, LA 91706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse City of Hope	1500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/29/23	Urban Associates, Inc. Commerce, CA 90022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
12/29/23	Optimiscorp Pacific Palisades, CA 90272	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500.00 <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