497 Contrib	ution Report	Amount	ts may be rounded to w	hole dollars RE	CEIVED BY	CONTRIBUTION REPORT	
NAME OF FILER Holly J. Mitch	hell for County Superv		Date of This Filing		Date Stamp CALIF	ORNIA 497	
AREA CODE/PHONE NUMBER  (916) 706-2677  STREET ADDRESS  I.D. NUMBER (if applicable)  1458425			Report No. 3/5/24-35 R			For Official Use Only	
			☐ Amendme	ent	PILION R ONIT		
CITY Sacramento		STATE ZIP CODE  CA 95814	(explain below)  No. of Pages3				
1. Contributi	ion(s) Received						
DATE RECEIVED	FULL NAM	TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED		
01/14/2024	Tanya Diggs Los Angeles, CA 90056			IND COM OTH SCC	Partner Going Public PR	Check if Loan	
02/26/2024	Platinum Advisors LLC(Darius Anderson) Sacramento, CA 95814			☐ IND☐ COM OTH☐ PTY☐ SCC		Check if Loan	
02/26/2024	/2024 Amy Forbes Los Angeles, CA 90020			IND COM OTH PTY SCC	Consultant Windsor Strategies	Check if Loan	
Reason for Amer	ndment:				*Contributor Codes IND – Individual COM – Recipient Committee (committee) OTH – Other (e.g., business e) PTY – Political Party SCC – Small Contributor Committee	ntity)	

County Supervisor 2024  I.D. NUMBER (# applica 1458425  STATE CA	ZIP CODE	Report No. 3	2024   2024   25/24-36 PROI	FEB 27 PM 1: 52 POSITION B UNIT	FORM FOR Official Use Only
I.D. NUMBER (# applica 1458425 STATE CA	ZIP CODE	Report No. 3	PROI		
STATE CA		☐ Amendme	PROI		, or omour out only
STATE CA		to Report No	nt	POSITION B UNIT	
CA				OSITION B UNIT	
Received	amento CA 95814 No. of Pa		3		
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF	
Charles Ouarles			EJ IND	Builder	1,500
View Park, CA 90008			COM OTH PTY SCC	The Bedford Group	Check if Loa
Nanci Nishimura			=	Attorney	1,000
San Mateo, CA 94402			COM OTH PTY SCC	Cotchett, Pitre & Mccar	Check if Loa
Tanva Diggs Los Angeles, CA 90056				Partner Coing Public PP	1,000
				☐ Check if	
	(FCOMMITTEE,ALSO es Ouarles Park, CA 90008  Nishimura ateo, CA 94402	(IF COMMITTEE, ALSO ENTER LD. NUMBER)  es Ouarles  Park, CA 90008  Nishimura  ateo, CA 94402	(IF COMMITTEE, ALSO ENTER LD. NUMBER)  es Ouarles  Park, CA 90008  Nishimura  ateo, CA 94402	(IFCOMMITTEE, ALSO ENTERLD. NUMBER)  es Ouarles  Park, CA 90008    IND   COM   OTH   PTY   SCC    Nishimura   IND   COM   OTH   PTY   SCC    Diggs	(IF COMMITTEE, ALSO ENTERLD. NUMBER)  CODE *  (IF COMMITTEE, ALSO ENTERLD. NUMBER)  CODE *  (IF SELF-EMPLOYED, ENTER NAME OF COMMINE

Holly J. Mitchel	22 6		Date of	LU	S ANGELES COUNTY C	ALIFORNIA 107
REA CODE/PHONE NU	11 for County Superv		This Filing _			FORM 497
	JMBER	I.D. NUMBER (if applicable)	Report No. 3/5/24-36		2024 FEB 27 PM 1: 52 Fo	For Official Use Only
(916) 706-2677 1458425					DODOGITION S	
TREET ADDRESS			to Report No.		PROPOSITION B UNIT	
CITY			(explain below)			
Sacramento			No. of Pages3			
. Contributio	n(s) Received					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIL		TRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOY (IF SELF-EMPLOYED, ENTER NAME OF BUSIN	
02/26/2024	Mia Cohen for Controller 2026 Sacramento, CA 95815 Committee ID # 1456350			☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1,500.0
						☐ Check if Loan
						Provide interest rate
02/26/2024	United Nurses Assn of CA/Union of Health Care Professionals PAC (UNACPAC)  Long Beach, CA 90802  Committee ID # 1295768			□ IND □ COM □ OTH □ PTY □ SCC		1,500.0
						☐ Check if Loan
						Provide interest rate
				☐ IND☐ COM☐ OTH☐ PTY		☐ Check if Loan
				□ scc		%
						Provide interest rate
					*Contributor Codes	