

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY
OCT 10 AM 10:33
PROPOSITION B UNIT
OCT 10 2024 PM

497 CONTRIBUTION REPORT

NAME OF FILER Committee for a Better Los Angeles, Supervisor Holly J. Mitchell - Yes on Measure A, No on Measure G		Date of This Filing 10/09/2024	Date Stamp OCT 10 AM 10:33	For Official Use Only
AREA CODE/PHONE NUMBER (916) 706-2677	I.D. NUMBER (if applicable) 1475759	Report No. 11/5/24-1	PROPOSITION B UNIT	
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCT 10 2024 PM	
CITY Sacramento	STATE CA	ZIP CODE 95814	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
10/08/2024	Golden State Voter Participation Project Sacramento, CA 95814 Committee ID # 1345010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00 <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: _____
