

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED BY OCT 11 2024 EM  
 LOS ANGELES COUNTY 497 CONTRIBUTION REPORT  
 Date Stamp  
 2024 OCT 16 AM 8:04  
 PROPOSITION B UNIT  
 OCT 11 2024

**NAME OF FILER**  
 Committee for a Better Los Angeles, Supervisor Holly J. Mitchell - Yes on Measure A, No on Measure G

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

**I.D. NUMBER (if applicable)** 1475759

**STREET ADDRESS**

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

**Date of This Filing** 10/11/2024

**Report No.** 11/5/24-2

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

**No. of Pages** 1

**CALIFORNIA FORM 497**

For Official Use Only

## 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
10/10/2024	Orange County Families Irvine, CA 92618 Committee ID # 1463617	<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: \_\_\_\_\_