497 Contribution Report

Amounts may be rounded to whole dollars.

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PROPOSITION B UNIT

OCT 29 2024 EM
497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 10/28/2024	Date Stamp	CALIFORNIA FORM 497
Committee for a Better Los Angeles, Supervisor Holly J. Mitchell - Yes on Measure A, No on Measure G				For Official Use Only
AREA CODE/PHONE NUMBER: (916) 706-2677	I.D. NUMBER *(if applicable)*: 1475759	Report No. 11/05/24-4		
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)		
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
10/28/2024	L.A. County Probation Officers Union Vernon, CA 90058	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		10,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____