

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY
LOS ANGELES COUNTY
496 INDEPENDENT EXPENDITURE REPORT

| | | | | |
|---|---|--|---|---|
| NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION | | Date of This Filing 01/09/2020 | 2020 JAN 10 AM 8:10 PROPOSITION B UNIT | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 624-6200 | I.D. NUMBER (if applicable) 1421304 | Report No. 01092020 | | |
| STREET ADDRESS _____ | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY LOS ANGELES | STATE CA | ZIP CODE 90071 | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|---|---------------------|---------------------|---------------|--|---------------------|----------------|---------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED HOLLY J. MITCHELL | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD County Supervisor: LOS ANGELES COUNTY, #2 | DISTRICT NO. | SUPPORT X | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|--|----------|
| 01/08/2020 | WEBSITE Cumulative to date total \$12600.00 | 1,000.00 |
| | | |
| | | |
| | | |
| | | |

Reason for Amendment: _____

#059 P.001/002
 01/09/2020 17:13
 213 623 1692
 From: REED & DAVIDSON LLP

R=94%
 Page: 001
 ID: CAMPAIGN FINANCE
 JAN-09-2020 04:11PM From: 213 623 1692

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2020 JAN 10 AM 8:11

PROPOSITION B UNIT

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM **496**

I.D. NUMBER (if applicable)

1421304

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

3. Contributions of \$100 or More 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 | INTEREST RATES |
|---------------|---|---|---|-----------------|--|
| 12/27/2019 | KATRINA SCHAPPER OAKLAND, CA 94609 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NONE | 32,000.00 | If loan, enter interest rate, if any _____ % |
| 12/30/2019 | SKINNER FOR SENATE 2020 SACRAMENTO, CA 95815 Committee ID# 1392359 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 25,000.00 | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

****Contributor Codes**

- IND - Individual
- COM - Recipient Committee (other than PTY or SCC)
- OTH - Other
- PTY - Political Party
- SCC - Small Contributor Committee