

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 01/23/2020	2020 JAN 23 PM 7:00 CALIFORNIA FORM 496 PROPOSITION B UNIT For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1421304	Report No. 01232020	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY LOS ANGELES	STATE CA	ZIP CODE 90071	
No. of Pages 3			

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
01/22/2020	TELEPHONE CALLS FOR THE PERIOD 1/22/20-2/15/20 (ESTIMATE) Cumulative to date total \$94876.40	45,500.00
01/22/2020	CONSULTING FOR ONLINE ADS AND TELEPHONE CALLS Cumulative to date total \$94876.40	5,000.00
01/22/2020	DATA FOR TELEPHONE CALLS Cumulative to date total \$94876.40	1,000.00
01/22/2020	TELEPHONE CALLS Cumulative to date total \$94876.40	5,000.00

Reason for Amendment: _____

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2020 JAN 23 11:11
Date Stamp
496 INDEPENDENT EXPENDITURE REPORT

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No. of Pages 3

PROPOSITION B

CALIFORNIA FORM **496**

For Official Use Only

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OFFICE SOUGHT OR HELD County Supervisor: LOS ANGELES COUNTY, #2	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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2020 JAN 23 PM 7:08

PROPOSITION B UNIT

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM **496**

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

I.D. NUMBER (if applicable)
1421304

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
01/21/2020	CAROL OUGHTON BIONDI LOS ANGELES, CA 90024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHILD ADVOCATE CAROL OUGHTON BIONDI	1,000.00	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 _____ %
		<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