Recipient Committee Campaign Statement Cover Page		Los	RECEIVED ANGELES	CALI DBY FO COUN	FORNIA 460
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from01/19/2020 through02/15/2020	Date of election if applicable: (Month, Day, Year)	OMAR -4 PI ZVZOZO \$ OPOSITION	M 4: 1 Page . B UNIT	1 of 41 or Official Use Only
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) □ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement:		Quarterly State Special Odd-Y Supplemental Statement - At	ear Report
Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) WORKING FAMILIES FOR HOLLY MITCHELL FOR COURSPONSORED BY LA VOICE ACTION		Treasurer(s) NAME OF TREASURER NATHAN HARDY MAILING ADDRESS			AREA CODE/DHONE
STREET ADDRESS (NO P.O. BOX)		LOS ANGELES	STATE CA	2IP CODE 90071	AREA CODE/PHONE (213)624-6200
CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	, IF ANY		
LOS ANGELES CA 900 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	Wiles	MICHAEL FARR MAILING ADDRESS		-	
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY LOS ANGELES	STATE CA	ZIP CODE 90071	AREA CODE/PHONE (213)624-6200
OPTIONAL: FAX / E-MAIL ADDRESS (213) 623-1692 / nathan@politicallaw.com		OPTIONAL: FAX / E-MAIL ADDRESS	3		
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ 02/20/2020	ng this statement and to the best of my kno ia that the foregoing is true and correc <u>t</u> .	owledge the information contained herein	and in the attached	d schedules is true	e and complete. I certify

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)

Executed on _

Executed on

Executed on _

Recipient Committee Campaign Statement Cover Page — Part 2

		AGE-PART2
CALIF FC	ORNIA ORM	460
Page _	2 (of41

	Committee	_	Primarily Formed Balle				
NAME OF OFFICEHOLDER OR CANDIDATE		Ň	AME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	Ē	ALLOT NO. OR LETTER	JURISDICTIO	NO		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	ET) CITY STATE ZIP	ı	dentify the controlling of	ficeholder, car	ndidate, or stat	te measure ;	proponent, if an
		ī	NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in the not included in this statement that are controlled contributions or make expenditures on behalf of	by you or are primarily formed to receive	7	OFFICE SOUGHT OR HELD	*	c	DISTRICT NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER	-					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. l	Primarily Formed Can	didate/Offic	eholder Cor s committee is a	mmittee <i>Li</i> primarily form	st names of ed.
NAME OF TREASURER	CONTROLLED COMMITTEE?	-	officeholder(s) or candidate(s) for which thi	s committee is p	primarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES ☐ NO	<u>.</u>	Primarily Formed Can officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR HOLLY J. MITCHELL	s) for which thi	OFFICE SOUG	HT OR HELD	ed.
COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES ☐ NO	i	officeholder(s) or candidate(candidate	OFFICE SOUG	primarily form	Ed.
COMMITTEE ADDRESS STREET ADDRESS (N	YES NO	i	officeholder(s) or candidate(s) NAME OF OFFICEHOLDER OR HOLLY J. MITCHELL	S) for which thi	OFFICE SOUG	Primarily form	SUPPORT SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (N	☐ YES ☐ NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE	;	AME OF OFFICEHOLDER OR HOLLY J. MITCHELL	candidate Candidate Candidate Candidate	OFFICE SOUG County Sup-	HT OR HELD ervisor HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS (NOTICE OF COMMITTEE ADDRESS (NOTICE OF COMMITTEE NAME)	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE	;	NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR NAME OF OFFICEHOLDER OR	candidate Candidate Candidate Candidate	OFFICE SOUG OFFICE SOUG OFFICE SOUG	HT OR HELD ervisor HT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Amounts may be rounded **Summary Page** to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA FORM** 01/19/2020 from Page ___3 of ___41 02/15/2020 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1421304 WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

Contributions Received	(COLUMN A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	86,000.00	\$	86,000.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0,00		0.00	, , , , , , , , , , , , , , , , , , ,
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	86,000.00	\$	86,000.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		404.00		404.00	24 Evpanditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	86,404.00	\$	86,404.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	<u>192,202.27</u>	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
B. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7			\$	192,202.27	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		27,268.61		43,863.02	Date of Election Total to Date
10. Nonmonetary Adjustment		404.00		404.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	180,811.29	\$	236,469.29	 / \$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	181,799.22		caiculate Column B, add	
13. Cash Receipts Column A, Line 3 above		86,000.00		nounts in Column A to the rresponding amounts	*Amounts in this section may be different from amounts
14. Miscellaneous Increases to Cash Schedule I, Line 4		548.65	fro	m Column B of your last	reported in Column B.
15. Cash Payments		153,138.68	Co	port. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	115,209.19		ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.			pe	riod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for ca	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts	_	0.00		m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	43,863.02			FPPC Form 460 (Ja

Schedule.	Δ						SCHEDULE A
	Contributions Received	outions Received Amounts may be rounded to whole dollars.			ers period	CALIFORNIA 460	
				through <u>02/15/2</u>	020	Page _	4 of41
NAME OF FILER	NS ON REVERSE					I.D. NUM	IBER ·
WORKING FAM	ILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 20.	20, SPONSORE	D BY LA VOICE ACTION			142130	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR . 31)	PER ELECTION TO DATE (IF REQUIRED)
02/07/2020	ARDEN BUCK NEDERLAND, CO 80466	⊠IND □COM □OTH □PTY □SCC	RETIRED	5,000.00	5,(000.00	
01/21/2020	CAROL OUGHTON BIONDI LOS ANGELES, CA 90024	⊠IND □COM □OTH □PTY □SCC	CHILD ADVOCATE CAROL OUGHTON BIONDI	1,000.00	1,0	000.00	
02/12/2020	PLANNED PARENTHOOD ADVOCACY PROJECT LOS ANGELES COUNTY ACTION FUND (ID# 971616) SACRAMENTO, CA 95814	□IND IND IND IND IND IND IND IND		45,000.00	45,0	000.00	
01/27/2020	SEIU UNITED HEALTHCARE WORKERS WEST POLITICAL ACTION COMMITTEE (ID# 747285) LOS ANGELES, CA 90017	□IND □COM □OTH □PTY ⊠SCC		20,000.00	20,0	000.00	
01/24/2020	ELIZABETH D. SIMONS ATHERTON, CA 93063	⊠IND □COM □OTH □PTY □SCC	RETIRED	15,000.00	15,	000.00	
			SUBTOTAL \$	86,000.00			<u> </u>
1. Amount re	A Summary ceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	86,000.00	IND - COM	(other t	nt Committee han PTY or SCC)
2. Amount re	ceived this period – unitemized monetary contribution	s of less than	\$100 \$	0.00		- Otner (d - Political	e.g., business entity) Party
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.) TOTAL \$	86,000. <u>00</u>	scc	- Small Co	ontributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedul	e C								SCHEDULE C
	to whole dollars.			Statement covers period from 01/19/2020			CALIFORNIA 460		
SEE INSTRUCT	TIONS ON REVERSE				throug	gh <u>02/15/202</u>	10	Page	5 of <u>41</u>
NAME OF FILE				LOTTON				I.D. NUMB	
DATE RECEIVED	MILIES FOR HOLLY MITCHELL FOR COUNTY SU 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)	DESCRIPTION O GOODS OR SERVICE		AMOUNT/ FAIR MARKET VALUE	CALEN	ILATIVE TO DATE IDAR YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/23/2020	LA VOICE ACTION LOS ANGELES, CA 90010	□IND □COM ☑OTH □PTY □SCC		OFFICE EQUIPMEN	NT	404.00		404.00	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC				200000			
Attach ad	ditional information on appropriately labe	eled continuat	ion sheets.	SUBTO	TAL \$	404.00			
1. Amount	e C Summary received this period – itemized nonmonetal all Schedule C subtotals.)	y contributions	5.		\$	404.	IN	Contributor Co ND – Individual OM – Recipien (other th	
	received this period – unitemized nonmone none nonetary contributions received this period		ns of less than \$100		\$	0.	<u> </u>	TH – Other (e TY – Political F	e.g., business entity)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

404.00

Schedule D SCHEDULE D **Summary of Expenditures** Statement covers period CALIFORNIA Amounts may be rounded Supporting/Opposing Other **FORM** to whole dollars. 01/19/2020 from **Candidates. Measures and Committees** 02/15/2020 Page 6 of 41 through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION 1421304 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION AMOUNT THIS TYPE OF PAYMENT CALENDAR YEAR TO DATE DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE HOLLY J. MITCHELL 141,253.26 01/19/2020 DATA FOR ONLINE ADS 176.40 Monetary County Supervisor Contribution LOS ANGELES COUNTY, #2 ☐ Nonmonetary Contribution Independent Expenditure X Support ☐ Oppose 01/19/2020 VOTER DATA FOR PHONE CALLS 3.000.00 141,253.26 HOLLY J. MITCHELL ☐ Monetary County Supervisor Contribution LOS ANGELES COUNTY, #2 ☐ Nonmonetary Contribution X Independent Expenditure X Support Oppose 141,253,26 01/19/2020 HOLLY J. MITCHELL ONLINE ADS 250.00 Monetary County Supervisor LOS ANGELES COUNTY, #2 Contribution

SUBTOTAL \$ 3,426.40

Nonmonetary
Contribution
Independent
Expenditure

Schedule D Summary

X Support

Oppose

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period **CALIFORNIA** to whole dollars. **Supporting/Opposing Other FORM** 01/19/2020 from Candidates, Measures and Committees 02/15/2020 through. of. 41 1.D. NUMBER NAME OF FILER 1421304 WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR DATE TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION. (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 141,253.26 500.00 01/19/2020 HOLLY J. MITCHELL ONLINE ADS ☐ Monetary County Supervisor Contribution LOS ANGELES COUNTY, #2 Nonmonetary Contribution Independent Expenditure Oppose X Support 141,253,26 HOLLY J. MITCHELL 1,500.00 01/19/2020 ONLINE ADS Monetary County Supervisor Contribution LOS ANGELES COUNTY, #2 □ Nonmonetary Contribution Independent Expenditure X Support ☐ Oppose ONLINE ADS 2,500.00 141,253.26 01/19/2020 HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Contribution Nonmonetary Contribution x Independent Expenditure Oppose X Support 141,253,26 PHONE CALLS (ESTIMATE) 4,400.00 01/19/2020 HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Contribution □ Nonmonetary Contribution Independent

Expenditure

SUBTOTAL \$

8,900.00

X Support

☐ Oppose

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

NAME OF FILER

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

1421304

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/22/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support		DATA FOR TELEPHONE CALLS	1,000.00	141,253.26	
01/22/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS	5,000.00	141,253.26	
01/22/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS	5,000.00	141,253.26	
01/22/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 1/22/20-2/15/20 (ESTIMATE)	45,500.00	141,253.26	
			SUBTOTAL \$	56,500.00		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

		SCHEDULE D (CONT.)
Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 160
	from01/19/2020	FORM TOU
	through <u>02/15/2020</u>	Page of1
		I.D. NUMBER

WORKING FAM	ILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR	2020, SPONSORED	BY LA VOICE ACTION		14213	04		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
01/22/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	CONSULTING FOR ONLINE ADS AND TELEPHONE CALLS	5,000.00	141,253.26			
01/27/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	ONLINE ADS	5,000.00	141,253.26			
01/27/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	ONLINE ADS	15,000.00	141,253.26			
02/08/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	MAILER	23,926.86	141,253.26			
	SUBTOTAL \$ 48,926.86							

NAME OF FILER

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

		SCHEDULE D (CONT.)
Amounts may be rounded	Statement covers period	CALIFORNIA 460
to whole dollars.	from01/19/2020	FORM 400
	through 02/15/2020	Page 10 of 41
		I.D. NUMBER
CRONCORED BY IN MOTOR ACTION	ı	1421304

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/12/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 2/12/20-2/18/20	15,000.00	141,253.26	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may I			froi	- ·	ers period 9/2020 5/2020	CALIFOI FORI Page 11	of 41
NAME OF FILER								
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVIS							1421304	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance nses llating s survey resea	es		radio airtime returned cont campaign wo t.v. or cable a candidate tra- staff/spouse transfer betw voter registra	and production of tributions orkers' salaries dirtime and produced, lodging, and oravel, lodging, and oravel, lodging, a een committees	uction costs meals and meals of the same	e candidate/sponsor nail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT			AMOUNT PAID
IBTIHAJ ABDULLAH		SAL					_	477.91
WALNUT, CA 91789								
AUTOMATIC DATA PROCESSING		OFC	-					65.33
LA PALMA, CA 90623								
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623		OFC				. —		181.95
* Payments that are contributions or independent expenditures	must also be summ	narized on	Schedule D.			SUI	BTOTAL\$	725.19
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)		,.,				\$	153,035.93
2. Unitemized payments made this period of under \$100	•••••		,			***************************************	\$	102.75
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column	(e).)	***************************************			\$	0.00
4. Total payments made this period (Add Lines 1.2 and 3. F.	nter here and on t	he Summ	ary Page, Colun	nn A. Line 6	i.)	ТОТ	ΓAL \$	153,138.68

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/19/2020 from_ 02/15/2020 through_ Page 12 of 41

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. NUMBER

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

1421304

CODES:	f one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP campai	gn paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campa	gn consultants	MTG	meetings and appearances	RFD	returned contributions
CTB contrib	ition (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries

TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research

PRO

TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services VOT voter registration

LEG legal defense professional services (legal, accounting) campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

				· · · · ·	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMO	UNT PAID
AUTOMATIC DATA PROCESSING	OFC		·		65.33
LA PALMA, CA 90623					
AUTOMATIC DATA PROCESSING	OFC				151.51
LA PALMA, CA 90623					
AUTOMATIC DATA PROCESSING	OFC				234.45
LA PALMA, CA 90623					
SHAMENA BAIDOO	SAL				369.97
LOS ANGELES, CA 90019					
SHAMENA BAIDOO	SAL				4.05
LOS ANGELES, CA 90019					
* Payments that are contributions or independent expenditures must also	he summarized on Schedule	<u> </u>	SUE	TOTAL \$	825.31

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460	1
from	01/19/2020	FORM TO	
through	02/15/2020	Page 13 of 41	-
-		I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

U.D. NUMBER

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

1421304

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate travel, lodging, and meals candidate filing/ballot fees phone banks РНО FIL staff/spouse travel, lodging, and meals TRS polling and survey research FND fundraising events POL transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads AMOUNT PAID NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 138.52 SHAMENA BAIDOO SAL LOS ANGELES, CA 90019 25,000.00 CONTRIBUTION REFUND BETTY YEE FOR TREASURER 2026 (ID# 1417532) ENCINO, CA 91436 498.69 SAL SHANEKA BROWN LOS ANGELES, CA 90008 280.89 SAL DEJANE S. BRUCE LONG BEACH, CA 90813 3.08 SAL DEJANE S. BRUCE LONG BEACH, CA 90813

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 25,921.18

Schedule E (Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 460
from	01/19/2020	FORM TOO
through_	02/15/2020	Page14 of41
		I.D. NUMBER
		1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications

OFC

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)* IND LEG legal defense

petition circulating PET РНО phone banks polling and survey research POL postage, delivery and messenger services professional services (legal, accounting) PRT print ads

MTG meetings and appearances

office expenses

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

RFD returned contributions

WEB information technology costs (internet, e-mail)

LIT campaign literature and mailings	PRT print ads		WEB information technology costs (int	technology costs (internet, e-mail)				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID				
DEJANE S. BRUCE	SAL			637.22				
LONG BEACH, CA 90813								
BT STRATEGIES	DAL		FOR ONLINE ADS AND TELEPHONE CALLS HOLLY MITCHELL	5,000.00				
SOUTH PASADENA, CA 91031		SUPPORTING	HOLLI MICHELL					
BT STRATEGIES	IND	MAILER SUPE	PORTING HOLLY MITCHELL	23,926.86				
SOUTH PASADENA, CA 91031				Ŀ				
JILL C. COLLINS	SAL			369.97				
LOS ANGELES, CA 90059								
JILL C. COLLINS	SAL			623.36				
LOS ANGELES, CA 90059								
* Payments that are contributions or independent expenditures must	also he summarized on Schedul	le D.	SUBT	OTAL \$ 30,557.41				

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 460
from	01/19/2020	FORM TOO
through	02/15/2020	Page15 of41
		I.D. NUMBER
		1421304

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* CTB TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks candidate filing/ballot fees РНО staff/spouse travel, lodging, and meals TRS polling and survey research fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* IND VOT voter registration professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	O	DR DESCRIPTION OF PAYMENT	AMC	DUNT PAID
JILL C. COLLINS	SAL				4.05
LOS ANGELES, CA 90059					
DAVONTI D. DUPREE	SAL				369.97
LOS ANGELES, CA 90005					
DAVONTI D. DUPREE	SAL				692.62
LOS ANGELES, CA 90005		•			
DAVONTI D. DUPREE	SAL				4.05
LOS ANGELES, CA 90005					
STEPHANIE J. EVANS	SAL	_			369.97
LOS ANGELES, CA 90048		,			
* Deutscate that are contributions or independent expenditures must also be summarized 0	n Schedule	<u> </u>	SU	BTOTAL \$	1,440.66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.				from	01/19/20	01/19/2020 CAL			460
SEE INSTRUCTIONS ON REVERSE					throu	ıgn <u>0271372</u> 0		ļ <u>-</u>	16 of	41
NAME OF FILER								I.D. NUMB		
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY ST	UPERVISOR 2020, SPONSORE	D BY LA	VOICE	E ACTION				142130	1	
CODES: If one of the following codes accurately of campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events ND legal defense LIT campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain defense) campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s	munication i appearates ses lating survey reservery and	is nces earch messer	nger services	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime an returned contrib campaign work t.v. or cable airt candidate travel staff/spouse tra transfer betwee	d production putions ers' salaries ime and productions, lodging, an vel, lodging, n committee	duction costs d meals and meals s of the sar	ne candid	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	CRIPTIC	N OF PAYMENT			AMOU	NT PAID
STEPHANIE J. EVANS LOS ANGELES, CA 90048		SAL								596.27
STEPHANIE J. EVANS LOS ANGELES, CA 90048		SAL			_					4.05
ATRA FLEMONS LOS ANGELES, CA 90019		SAL								346.31

243.22 RAVEN A. HALL SAL LOS ANGELES, CA 90249 69.26 SAL RAVEN A. HALL LOS ANGELES, CA 90249

SUBTOTAL \$

1,259.11

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

297.82

2,344.77

Schedule	E
(Continuat	ion Sheet)
Payments	Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	00.125.027.2 (0.01.11)
Statement covers period	CALIFORNIA 460
from01/19/2020	FORM 400
through02/15/2020	Page 17 of 41
	I.D. NUMBER
	1421204

NAME OF FILER

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

1421304

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries office expenses CTB contribution (explain nonmonetary)* OFC TEL t.v. or cable airtime and production costs PET petition circulating CVC civic donations TRC candidate travel, lodging, and meals РНО phone banks candidate filing/ballot fees Fü TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events POL TSF transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting) legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads AMOUNT PAID NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 2.66 SAL RAVEN A. HALL LOS ANGELES, CA 90249

MATTHEW D. HOM

CERRITOS, CA 90703

SAL

900.50

SAL

HEAVEN HUNTSMAN
LOS ANGELES, CA 90016

SAL

561.99

DENISE JACKSON SAL 581.80
LOS ANGELES, CA 90003

AISHAH H. HASAN

LOS ANGELES, CA 90002

^{*}Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

Schedule E	
(Continuation She	et)
Payments Made	•

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
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 from ____01/19/2020
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 I.D. NUMBER

NAME OF FILER

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

1421304

COL	DES: If one of the following codes accurately describes	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FiL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
HARMONY H. JACKSON	SAL		369.97
INGLEWOOD, CA 90305			
HARMONY H. JACKSON	SAL		4.05
INGLEWOOD, CA 90305			
HARMONY H. JACKSON	SAL		623.36
INGLEWOOD, CA 90305			
KAMONE C. JESSIE	SAL		349.40
CERRITOS, CA 90703			
KAMONE C. JESSIE	SAL		346.32
CERRITOS, CA 90703			
		CUDTOTA	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,693.10

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/19/2020 from 02/15/2020 through_ Page 19 of 41 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1421304

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphemalia/misc. RFD returned contributions

CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks

TRS staff/spouse travel, lodging, and meals polling and survey research fundraising events POL TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services VOT voter registration professional services (legal, accounting)

LEG legal defense WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	Al	MOUNT PAID
KAMONE C. JESSIE	SAL				3.83
CERRITOS, CA 90703					
HALEY JONES	SAL	-			346.31
ORANGE, CA 92868					
LA VOICE ACTION	OFC				2,794.96
LOS ANGELES, CA 90010					
LA VOICE ACTION	SAL		· · · · · · · · · · · · · · · · · · ·		6,761.85
LOS ANGELES, CA 90010					
LA VOICE ACTION	SAL			-	875.00
LOS ANGELES, CA 90010					
* Payments that are contributions or independent expenditures must also be summarized on	Schodule D	<u> </u>		SUBTOTAL \$	10,781.95

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/19/2020 from. through 02/15/2020 Page _______ of _____ 41___ 1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

1421304

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

CO	DES: If one of the following codes accurately describes	the	payment, you may enter the code.	Otherwise,	describe the payment.
CMF	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS		MTG	meetings and appearances	RFD	returned contributions
CTE	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMO	UNT PAID
SHANESE J. LEON	SAL				339.38
LOS ANGELES, CA 90047					
CHAD MARSHALL	SAL	 			369.97
LONG BEACH, CA 90806					
CHAD MARSHALL	SAL				692.62
LONG BEACH, CA 90806					
CHAD MARSHALL	SAL				4.05
LONG BEACH, CA 90806					
OMEGA I. MARSHALL	SAL				207.79
COMPTON, CA 90222					
* Payments that are contributions or independent expenditures must also be summarized	on Schedule I	<u> </u>	SUBTO	TAL \$	1,613.81

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period	CALIFORNIA 460
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through 02/15/2020	Page of41
	I.D. NUMBER
	1421304

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	Let in one of the following deduct described		paymont, you may onto the bode.	O a 101 11100,	docoribe and payments
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	РЮ	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LП	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
			<u> </u>		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
TINA MCKINNOR	OFC		682.56
HAWTHORNE, CA 90250			
TINA MCKINNOR	OFC		968.21
HAWTHORNE, CA 90250			
TINA MCKINNOR	OFC		696.66
HAWTHORNE, CA 90250			
MICROAGE	OFC		5,010.24
TEMPE, AZ 85284			
KESHEY MITCHELL	SAL		369.97
LOS ANGELES, CA 90047			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

7,727.64

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

1421304

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

CODES: If one of the following codes accurately describ	bes the payment, you may enter t	he code. Otherwise, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messeng	er services TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, ac	counting) VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
KESHEY MITCHELL	SAL		4.05
LOS ANGELES, CA 90047			
KESHEY MITCHELL	SAL		547.96
LOS ANGELES, CA 90047			
DAVE MOHAGEN	OFC		543.00
HAWTHORNE, CA 90250			
SYEIOHN J. MORRIS	SAL		498.69
LOS ANGELES, CA 90047			
CHARLOTTE NORTHERN	SAL		922.63
SAN PEDRO, CA 90732			
		<u> </u>	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

2,516.33

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		CONLEGE E (CONT.
State	ement covers period	CALIFORNIA 460
from	01/19/2020	FORM TOO
through	02/15/2020	Page 23 of 41
	•	I.D. NUMBER

1421304

NAME OF FILER

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	_			•		•
CMP	campaign paraphernalia/misc.	MBR	member com	munications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and	d appearances	RFD	returned contributions
	contribution (explain nonmonetary)*	OFC	office expen	ses	SAL	campaign workers' salaries
	civic donations	PET	petition circul	ating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks		TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and s	urvey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	very and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional	services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads		WEB	information technology costs (internet, e-mail)
						

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHARLOTTE NORTHERN	SAL			10.10
SAN PEDRO, CA 90732				
CHARLOTTE NORTHERN	SAL			1,496.07
SAN PEDRO, CA 90732				
PAYROLL TAXES	SAL			1,933.04
SACRAMENTO, CA 95826				
PAYROLL TAXES	SAL			56.87
SACRAMENTO, CA 95826				
PAYROLL TAXES	SAL			3,680.56
SACRAMENTO, CA 95826				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

7,176.64

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFORNIA 460
from	01/19/2020	FORM 400
through .	02/15/2020	Page 24 of 41
_		I.D.NUMBER
		1421304

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

COL	123. If the of the following codes accurately described	5 tile	payment, you may enter the bode.	O 11 101 11 100,	december and payments
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		returned contributions
	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THOMAS A. PRICHARD	SAL		369.9
LOS ANGELES, CA 90062			
THOMAS A. PRICHARD	SAL		4.0
LOS ANGELES, CA 90062			
THOMAS A. PRICHARD	SAL		138.5
LOS ANGELES, CA 90062			
REED & DAVIDSON, LLP	PRO		3,031.6
LOS ANGELES, CA 90071			
REED & DAVIDSON, LLP	PRO		7,576.2
LOS ANGELES, CA 90071			
			IRTOTAL \$ 11.120.4

*Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 11,120.41

Schedule E	
(Continuation	on Sheet)
Payments N	/lade

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA FORM
 460

 from ____01/19/2020
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 I.D. NUMBER
 I.D. NUMBER

1421304

NAME OF FILER

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
[ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
DAVID J. SCHWED	SAL		301.45
LOS ANGELES, CA 90062			
DAVID J. SCHWED	SAL		601.44
LOS ANGELES, CA 90062			
DAVID J. SCHWED	SAL		3.30
LOS ANGELES, CA 90062	:		
ZEINABOU SEKOU-MAIGA	SAL		616.43
LOS ANGELES, CA 90003		,	
SHANTAL N. SHELTON	SAL		311.73
ALHAMBRA, CA 91803			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$

1,834.35

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Schedule E (Continuation Sheet)	Amounts may be rounded	Statement covers	s period CALIFORNIA	60
Payments Made	to whole dollars.	from01/19/2	FORM FORM	UU
SEE INSTRUCTIONS ON REVERSE		through 02/15/2	2020 Page26 of	41
NAME OF FILER			I.D. NUMBER	
WORKING FAMILIES FOR HOLLY MITCHELL FOR CO	UNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION		1421304	
CODES: If one of the following codes accur	rately describes the payment, you may enter the code.	. Otherwise, describe the	e payment.	

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET TRC candidate travel, lodging, and meals candidate filing/ballot fees РНО phone banks TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF VOT voter registration professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
SHANTAL N. SHELTON	SAL			3.41
ALHAMBRA, CA 91803				
SHANTAL N. SHELTON	SAL			173.16
ALHAMBRA, CA 91803				
SKINNER FOR SENATE 2020 (ID# 1392359)		CONTRIBUTION REFUND		20,000.00
SACRAMENTO, CA 95815				
TIFFANY L. SPEIGHT	SAL			369.97
INGLEWOOD, CA 90305				
TIFFANY L. SPEIGHT	SAL			4.05
INGLEWOOD, CA 90305			!	
* Payments that are contributions or independent expenditures must also be summarized or	 Schedule I	<u> </u>	SUBTOTAL \$	20,550.59

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/19/2020 from 02/15/2020 through_ Page 27 of 41 1.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs MBR member communications CMP campaign paraphemalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* office expenses OFC TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF VOT voter registration legal defense professional services (legal, accounting) LEG WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
TIFFANY L. SPEIGHT	SAL			69.26
INGLEWOOD, CA 90305				
JABBAR L. STROUD	SAL	_		369.97
LOS ANGELES, CA 90008				
JABBAR L. STROUD	SAL			4.05
LOS ANGELES, CA 90008				
JABBAR L. STROUD	SAL			671.84
LOS ANGELES, CA 90008			,	
RICKEY K. TAYLOR	SAL	_		349.40
LOS ANGELES, CA 90037				
				RTOTAL \$ 1 464 53

SUBTOTAL \$ 1,464.52 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule	Ε	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 01/19/2020 from _ through 02/15/2020 Page ____ 28 ___ of ___ 41___ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

1421304

- (CODES:	If one of the following codes accurate	ely describes the	payment, you may enter the code.	Otherwise,	describe the payment.
(CMP cam	paign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
(CNS cam	paign consultants	MTG	meetings and appearances	RFD	returned contributions
(CTB cont	ibution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
(CVC civic	donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
ı	Fil. cand	idate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
ı	FND fund	raising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
1	IND inde	pendent expenditure supporting/opposing others	(explain)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
ı	LEG lega	defense	PRO	professional services (legal, accounting)	VOT	voter registration
1	LIT cam	paign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
RICKEY K. TAYLOR	SAL		623.37
LOS ANGELES, CA 90037			
RICKEY K. TAYLOR	SAL		3.83
LOS ANGELES, CA 90037			
TELL THAT STORY INC.	IND	ONLINE ADS SUPPORTING HOLLY MITCHELL	15,000.00
SOUTH PASADENA, CA 91031			
ALFRED TOLIVER	SAL		484.84
LOS ANGELES, CA 90018			
DENEEN R. TUBBS	SAL		369.97
CULVER CITY, CA 90232			
* Payments that are contributions or independent expenditures must also be sumn	narized on Schedule	n. S	SUBTOTAL \$ 16,482.01

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E	
(Continuation §	Sheet)
Payments Mad	e

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

1421304

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DENEEN R. TUBBS	SAL			4.05
CULVER CITY, CA 90232				
DENEEN R. TUBBS	SAL	+		650.36
CULVER CITY, CA 90232				
BRANDON R. WALKER	SAL			369.97
LOS ANGELES, CA 90019				
BRANDON R. WALKER	SAL			4.05
LOS ANGELES, CA 90019				
BRANDON R. WALKER	SAL			138.52
LOS ANGELES, CA 90019				
	<u> </u>		SURTOTAL	\$ 1.166.95

*Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 1,166.95

SCHEDULE E (CONT.)

www.fppc.ca.gov

(Continuation Sheet) Payments Made	Amounts may be rounded	Statement covers period	CALIFORNIA 460
	to whole dollars.	from01/19/2020	FORM +OO
SEE INSTRUCTIONS ON REVERSE		through 02/15/2020	Page 30 of 41
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR CO	JNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION		1421304

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants meetings and appearances RFD returned contributions MTG CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals PHO FIL polling and survey research staff/spouse travel, lodging, and meals TRS FND fundraising events POL transfer between committees of the same candidate/sponsor ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF VOT voter registration legal defense professional services (legal, accounting) LEG campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AM	OUNT PAID
KARL WATSON	SAL				369.97
LOS ANGELES, CA 90018					
KARL WATSON	SAL				609.31
LOS ANGELES, CA 90018					
KARL WATSON	SAL				4.05
LOS ANGELES, CA 90018					
L'TOYA D. WHEELER	SAL	-			758.20
LONG BEACH, CA 90805					
·					
L'TOYA D. WHEELER	SAL				8.30
LONG BEACH, CA 90805					
*Payments that are contributions or independent expenditure	s must also be summarized on Schedule) .		SUBTOTAL \$	1,749.83

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

 Statement covers period

 from
 01/19/2020

 through
 02/15/2020

 Page
 31
 of
 41

 I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries OFC CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET candidate filing/ballot fees РНО phone banks TRC candidate travel, lodging, and meals fundraising events TRS staff/spouse travel, lodging, and meals FND POL polling and survey research TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services LEG VOT voter registration legal defense professional services (legal, accounting) ш campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	R DESCRIPTION OF PAYMENT	AMOUNT PAID
L'TOYA D. WHEELER	SAL			1,459
LONG BEACH, CA 90805				
RICHARD A. WILLIAMS	SAL	- -		581
LOS ANGELES, CA 90019				
TARIK WILLIS	SAL			540
LOS ANGELES, CA 90017				
DARNETTA D. YOUNGBLOOD	SAL			301
TORRANCE, CA 90501				
DARNETTA D. YOUNGBLOOD	SAL		·	3
TORRANCE, CA 90501				
				

*Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 2,885.93

Schedule E (Continuation Sheet)	Amounts may be rounded	State	ment covers period	CALIFORNIA	460	ď
Payments Made	to whole dollars.	from	01/19/2020	FORM	400	
SEE INSTRUCTIONS ON REVERSE		through	02/15/2020	Page32	of <u>41</u>	
IAME OF FILER				I.D. NUMBER		
WORKING FAMILIES FOR HOLLY MITCHELL FOR COU	NTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION			1421304		
20DE0 1/ (//- /-!/)						

COL	DES: If one of the following codes accurately describes	; the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND.	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ĽΠ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
					

	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DARNETTA D. YOUNGBLOOF)	SAL			692.63
TORRANCE, CA 90501					
ZAYNAB ZAID		SAL			505.61
LOS ANGELES, CA 90018	3				
-					
		<u> </u>			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,198.24

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cover	2020 FC	FORNIA 460 DRM of 41
SEE INSTRUCTIONS ON REVERSE					
NAME OF FILER				I.D. NUN	MBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR	OR 2020, SPONSORED BY LA	VOICE ACTION		14213	04
COPES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* IND independent expenditure supporting/opposing others (explain)* IND campaign literature and mailings MBR member communications meetings and appearances OFC office expenses OFC office expenses SAL campaign workers' salaries TRC candidate travel, lodging, and restance of the payment. POL polling and survey research postage, delivery and messenger services PRO postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (information					me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REED & DAVIDSON, LLP	PRO	3,031.60	0.00	3,031.60	0.0
LOS ANGELES, CA 90071					
MICROAGE	OFC	5,010.24	0.00	5,010.24	0.6
TEMPE, AZ 85284					
LA VOICE ACTION	OFC	2,794.96	0.00	2,794.96	0.0
LOS ANGELES, CA 90010					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 10,836.80	0.00	10,836.80	0.0
Schedule F Summary					
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under	btotals for \$100.)	INCU	RRED TOTALS \$ _	43,863.02
Total accrued expenses paid this period. (Include all Schaaccrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.)		PAID TOTALS \$ _	16,594.41
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here an	d ·		NET \$ ₁	27,268.61 May be a negative number

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/19/2020 from. through 02/15/2020 Page ___34___ of __41 I.D. NUMBER

VOT voter registration

1421304

NAME OF FILER

LEG legal defense

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

PRO professional services (legal, accounting)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
SOUTH PASADENA, CA 91031	IND CONSULTING FOR ONLINE ADS AND TELEPHONE CALLS SUPPORTING HOLLY MITCHELL	5,000.00	0.00	5,000.00	0.00	
BT STRATEGIES	LIT	0.00	23,863.02	0.00	23,863.02	
SOUTH PASADENA, CA 91031						
	IND TELEPHONE CALLS SUPPORTING HOLLY MITCHELL	0.00	15,000.00	0.00	15,000.00	
BT STRATEGIES (CNS	0.00	5,000.00	0.00	5,000.00	
SOUTH PASADENA, CA 91031						
	SUBTOTALS	5,000.00	43,863.02	5,000.00	43,863.02	

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

campaign literature and mailings

Amounts may be rounded to whole dollars.

 Statement covers period from ____01/19/2020
 CALIFORNIA FORM
 4-60

 through ___02/15/2020
 Page ___35 ___ of __41

 I.D. NUMBER

WEB information technology costs (internet, e-mail)

1421304

NAME OF FILER

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

PRT print ads

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
TINA MCKINNOR	OFC	682.56	0.00	682.56	0.00	
HAWTHORNE, CA 90250						
	·					
	SUBTOTALS	682.56	0.00	682.56	\$ 0.00	

Schedule G	
Payments Made by an Agent or Independent	Ł
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

			SCHEDULE G
Stater	nent covers period	CALIFOR	NIA 460
from	01/19/2020	FORM	400
through_	02/15/2020	Page36	of41

I.D. NUMBER 1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BT STRATEGIES

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT*	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AM	IOUNT PAID
ALEXANDRA BORRELLI	WEB				1,500.00
ASTORIA, NY 11103					
ALEXANDRA BORRELLI	LIT				600.00
ASTORIA, NY 11103					
ALEXANDRA BORRELLI	LIT			_	800.00
ASTORIA, NY 11103					
FACEBOOK	WEB				3,000.00
MENLO PARK, CA 94025					
Attach additional information on appropriately labeled continuation sheets.	<u> </u>		TOTA	<u></u> _* \$	5,900.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period 01/19/2020 from

CALIFORNIA FORM

SCHEDULE G (CONT.)

SEE INSTRUCTIONS ON REVERSE

through 02/15/2020 Page 37 of 41

I,D, NUMBER

1421304

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BT STRATEGIES

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings PRT

MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services POS PRO professional services (legal, accounting) print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

voter registration VOT

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMO	DIAT PAID
ALFRED HAWKINS	LIT				500.00
LOS ANGELES, CA 90005					
	LIT				6,116.0
PRESS PRINT, INC.	LITT				0,110.0
BANNING, CA 9222U					
PRESS PRINT, INC.	LIT	 -			6,143.54
BANNING, CA 92220					
U.S. POSTMASTER	POS			_	12,044.69
BANNING, CA 92220					
Attach additional information on appropriately labeled continuation sheets.	<u> </u>	<u> </u>	тот	 	24,804.26

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)	
Payments Made by an Agent or Independe	∍nt
Contractor (on Behalf of This Committee)	

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.)

Statement covers period
from 01/19/2020 CALIFORNIA FORM 460

through 02/15/2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Page 38 of 41 I.D. NUMBER

1421304

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BT STRATEGIES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	РНО	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	PR DESCRIPTION OF PAYMENT	AMOUNT PAID
J.S. POSTMASTER	POS		11,839.9
BANNING, CA 92220			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 11,839.99

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 01/19/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through <u>02/15/2020</u>	Page39 of41
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 20)20, SPONSORED BY LA VOICE ACTION	·	1421304
NAME OF AGENT OR INDEPENDENT CONTRACTOR	-		
TELL THAT STORY INC.			<u> </u>
CODES: If one of the following codes accurately describes the	ne payment, you may enter the co	de. Otherwise, describe the payment	<u> </u>

COI	DES: It one of the following codes accurately describe	s the	payment, you may enter the code. t	Juletwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL.	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRI	print ads	WEB	information technology costs (internet, e-mail)
	. •		•		

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	A	MOUNT PAID
FACEBOOK	WEB				2,500.00
MENLO PARK, CA 94025					
			·		250.00
FACEBOOK	WEB				250.00
MENLO PARK, CA 94025					
FACEBOOK	WEB				1,500.00
MENLO PARK, CA 94025					
ALFRED HAWKINS	WEB				1,000.00
LOS ANGELES, CA 90005					
Attach additional information on appropriately labeled continuation sheets.				TOTAL* \$	5,250.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)		SCHEDULE G (CON			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 01/19/2020	california 460		
		through 02/15/2020	Page 40 of 41		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			1.D. NUMBER		
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 20	1421304				
NAME OF AGENT OR INDEPENDENT CONTRACTOR					
TELL THAT STORY INC.					
CODES: If one of the following codes accurately describes the	e payment, you may enter the code.	. Otherwise, describe the paymen	t.		

COI	DES: It one of the following codes accurately describe	s the	payment, you may enter the code.	Official	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)		voter registration
	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
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^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALFRED HAWKINS	WEB			1,00
LOS ANGELES, CA 90005				
				·
		_		
	1			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

1,000.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov