

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION		
<b>AREA CODE/PHONE NUMBER</b> (213) 624-6200	<b>I.D. NUMBER (if applicable)</b> 1421304	
<b>STREET ADDRESS</b>		
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 90071

**Date of This Filing** 09/30/2020

**Report No.** 093020201E

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

**No. of Pages** 2

Date Stamp: 2020 OCT -1

CALIFORNIA FORM **496**

PROPOSITION B ONLY

(For Official Use Only)

## 1. List Only One Candidate or Ballot Measure

**NAME OF CANDIDATE SUPPORTED OR OPPOSED**  
HOLLY J. MITCHELL

<b>OFFICE SOUGHT OR HELD</b> County Supervisor LOS ANGELES COUNTY, #2	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>
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**NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED**

<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>
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## 2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/29/2020	MAILER Cumulative to date total \$200078.46	33,828.44

Reason for Amendment: \_\_\_\_\_

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2020 OCT -1 PM 4:05

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
09/27/2020	JEFF BAUM VENICE, CA 90291	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER NORTHSTAR RECYCLING	500.00	If loan, enter interest rate, if any _____%
09/28/2020	CALIFORNIA NURSES ASSOCIATION PAC (CNA-PAC) SACRAMENTO, CA 95814 Committee ID# 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		10,000.00	If loan, enter interest rate, if any _____%
09/29/2020	PLANNED PARENTHOOD ADVOCACY PROJECT LOS ANGELES COUNTY ACTION FUND SACRAMENTO, CA 95814 Committee ID# 971616	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00	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 _____%

\*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

FPPC Form 496 (Feb/2019)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov