

P. 001/003  
FAX No. 19163331344  
OCT/09/2020/FRI 05:34 PM Deane & Company

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY  
LOS ANGELES COUNTY  
2020 OCT 13 AM 8:36  
PROPOSITION B UNIT

INDEPENDENT EXPENDITURE REPORT

|                                                                               |                                        |                                                                           |                                   |                                              |
|-------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|
| NAME OF FILER<br>Communities United for Holly Mitchell for LA Supervisor 2020 |                                        | Date of This Filing<br>10/09/2020                                         | Date Stamp<br>2020 OCT 13 AM 8:36 | CALIFORNIA FORM 496<br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(916) 285-5733                                      | I.D. NUMBER (if applicable)<br>1424932 | Report No. 958546-TK                                                      |                                   |                                              |
| STREET ADDRESS                                                                |                                        | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                   |                                              |
| CITY<br>Sacramento                                                            | STATE<br>CA                            | ZIP CODE<br>95815                                                         | No. of Pages<br>3                 |                                              |

## 1. List Only One Candidate or Ballot Measure

|                                                               |                            |              |        |                                             |              |         |        |
|---------------------------------------------------------------|----------------------------|--------------|--------|---------------------------------------------|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED<br>Holly Mitchell      |                            |              |        | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED |              |         |        |
| OFFICE SOUGHT OR HELD<br>County Supervisor Los Angeles County | DISTRICT NO.<br>District 2 | SUPPORT<br>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    |
|------------|-----------------------------------------------------------------|-----------|
| 10/09/2020 | Mailer (Estimated Cost)<br>Cumulative to date total \$384002.16 | 63,724.85 |
|            |                                                                 |           |
|            |                                                                 |           |
|            |                                                                 |           |
|            |                                                                 |           |

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

R=95%  
Page: 001  
ID: CAMPAIGN FINANCE  
OCT-09-2020 05:03PM From: 19163331344

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

|                                        |
|----------------------------------------|
| <b>CALIFORNIA FORM 496</b>             |
| I.D. NUMBER (if applicable)<br>1424932 |

NAME OF FILER  
Communities United for Holly Mitchell for LA Supervisor 2020

### 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                                  |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------|
| 10/01/2020    | California Medical Association Independent Expenditure Committee<br>Sacramento, CA 95814<br>Committee ID# 1231459                                            | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 25,000.00       | If loan, enter interest rate, if any<br>_____ % |
| 10/01/2020    | Service Employees International Union (SEIU) United Healthcare Workers West PAC Small Contributor Committee<br>Los Angeles, CA 90017<br>Committee ID# 747285 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input checked="" type="checkbox"/> SCC |                                                                                            | 50,000.00       | If loan, enter interest rate, if any<br>_____ % |
| 10/02/2020    | SEIU COPE (Service Employees International Union Committee on Political Education) Federal PAC<br>Washington, DC 20036                                       | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 25,000.00       | If loan, enter interest rate, if any<br>_____ % |
| 10/05/2020    | Nancy Cohen<br>Los Angeles, CA 90015                                                                                                                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Writer<br>Nancy Cohen                                                                      | 2,500.00        | If loan, enter interest rate, if any<br>_____ % |
| 10/05/2020    | Daniel Greenberg<br>Los Angeles, CA 90049                                                                                                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired<br>n/a                                                                             | 5,000.00        | If loan, enter interest rate, if any<br>_____ % |
| 10/05/2020    | Health and Human Rights PAC, Sponsored by St. John's Well Child and Family Center Action Fund<br>Los Angeles, CA 90017<br>Committee ID# 1385674              | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 2,000.00        | If loan, enter interest rate, if any<br>_____ % |

\*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

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**CALIFORNIA FORM 496**

NAME OF FILER  
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| 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                                    |
|---------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| 10/05/2020    | Stern for Senate 2020<br>Sacramento, CA 95815<br>Committee ID# 1392385                       | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 10,000.00       | If loan,<br>enter interest rate, if any<br>_____% |
| 10/07/2020    | Reyes Melendez<br>New York, NY 10011                                                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Art Director<br>St. John's Well Child and<br>Family Center                                 | 5,000.00        | If loan,<br>enter interest rate, if any<br>_____% |
| 10/07/2020    | Women's Political Committee State<br>Los Angeles, CA 90017<br>Committee ID# 770995           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |                                                                                            | 15,000.00       | If loan,<br>enter interest rate, if any<br>_____% |
| 10/08/2020    | Susan Smidt<br>Los Angeles, CA 90064                                                         | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Homemaker<br>n/a                                                                           | 40,000.00       | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                            |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |                                                                                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |                                                                                            |                 | If loan,<br>enter interest rate, if any<br>_____% |

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