

# 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>Date of This Filing</b> <u>10/27/2020</u>  <b>Report No.</b> <u>102720201E</u>  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> <u>3</u>	2020 OCT 27 8:00 PROPOSITION B UNIT CALIFORNIA FORM <b>496</b> For Official Use Only
<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	

## 1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2020	TEXT MESSAGES Cumulative to date total \$643121.29	4,349.48
10/27/2020	POLLING Cumulative to date total \$643121.29	12,000.00
10/27/2020	MAILER Cumulative to date total \$643121.29	29,428.48
10/27/2020	RADIO ADS Cumulative to date total \$643121.29	1,000.00

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

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM <b>496</b>
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
10/23/2020	DIGNITY CA SEIU LOCAL 2015 SACRAMENTO, CA 95814 Committee ID# 1357256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50,000.00	If loan, enter interest rate, if any _____%
10/26/2020	LOS ANGELES LEAGUE OF CONSERVATION VOTERS LOS ANGELES, CA 90017 Committee ID# 810317	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

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

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

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2020 OCT 29 15:08  
Date Stamp  
PROPOSITION B UNIT

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** 10/27/2020

**Report No.** 10272020IE

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

**No. of Pages** 3

PROPOSITION B UNIT

**CALIFORNIA FORM 496**

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
10/27/2020	MAILER Cumulative to date total \$643121.29	30,305.28
10/27/2020	TELEVISION ADS Cumulative to date total \$643121.29	19,000.00

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