

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Communities United for Holly Mitchell for LA Supervisor 2020			Date of This Filing 09/23/2020	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733	I.D. NUMBER (if applicable) 1424932		Report No. 346448-ER	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Sacramento	STATE CA	ZIP CODE 95815	No. of Pages 2	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Holly Mitchell				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD County Supervisor Los Angeles County	DISTRICT NO. District 2	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/22/2020	Mailer (Estimated Costs) Cumulative to date total \$269133.30	58,446.62

Reason for Amendment: _____

P. 001
FAX No. 19163331344
SEP/23/2020/WED 09:12 PM Deane & Company

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CALIFORNIA FORM 496

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

I.D. NUMBER (if applicable)
1424932

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
09/22/2020	Dignity CA SEIU 2015 PAC 555 Capitol Mall, Suite 1425 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		400,000.00	If loan, enter interest rate, if any _____%
09/22/2020	Nicholas Josefowitz 2512 Pacific Avenue San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director SPUR	50,000.00	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

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

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FAX No. 19163331344
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SEP/23/2020/WED 09:13 PM

R=95%
Page: 002
ID: CAMPAIGN FINANCE
SEP-23-2020 08:43PM From: 19163331344