

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

FEB 26 2024 **EMA**  
496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2024, SPONSORED BY LA VOICE ACTION			<b>Date of This Filing</b> <u>02/26/2024</u>	RECEIVED LOS ANGELES COUNTY 2024 FEB 26 PM 2:26 PROPOSITION B UNIT Date Stamp	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (213) 624-6200	<b>I.D. NUMBER (if applicable)</b> 1466771		<b>Report No.</b> <u>02262024IE</u>		
<b>STREET ADDRESS</b> _____			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> LOS ANGELES	<b>STATE</b> CA	<b>ZIP CODE</b> 90071	<b>No. of Pages</b> <u>1</u>		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> HOLLY 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
02/25/2024	TELEPHONE CALLS Cumulative to date total \$31062.50	31,062.50

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