		CANDIDATE INTENTION STATEMENT			
Candidate Intention Statement	Type or Print in Ink.		Date St	tamp	CALIFORNIA FOA
			REGETVE		FORM 30 I
		LC	S ANGELES	SCOUNT	For Official Use Only
Check One: Initial Amendment (Explain)		- 27	Marra es		
-		41	HOLFR SO 1	PH 12: 34	
		- 6	AMPAIRN F	HARE	
1. Candidate Information:			AITI AIGH F		
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX N	JMBER (optional)	E-MAIL (optional)
Mitchell, Holly J.	(916) 706-2677	()		StephenCompany.com
STREET ADDRESS	CITY		STATE	ZIP COD	E
	Sacramento		CA	95814	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME			DISTRICT NUMBER	, if applicable.	NON-PARTISAN
County Supervisor Los Angeles	County		District 2		PARTY:
OFFICE JURISDICTION State (Complete Part 2.)					
			202	20	
City County Multi-County:	(Name of Multi County Jurisdiction)			Election)	
(Check one box) I accept the voluntary expenditure ceiling for the election I do not accept the voluntary expenditure ceiling for the					
Amendment: I did not exceed the expenditure ceiling in the prime the general or special run-off election.			and I accep	ot the volunt	cary expenditure ceiling for
					
(Mark if applicable)					
On/, I contributed personal funds in exc	cess of the expenditure ceiling for the	e electio	n stated above.		
3. Verification:					
I certify under penalty of perjury under the laws of the State	e of California that the foregoing is tr	rue and	correct.		
Executed on	Signature(Cand	didate)			

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