

496 Independent Expenditure Report

Amounts may be rounded to whole dollars

RECEIVED BY
LOS ANGELES COUNTY

496 INDEPENDENT EXPENDITURE REPORT

| | | | |
|---|---|--|---|
| NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION | | Date of This Filing 01/28/2020 2020 JAN 29 AM 8:22 | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 624-6200 | I.D. NUMBER (if applicable) 1421304 | Report No. 01282020 PROPOSITION B UNIT | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY LOS ANGELES | STATE CA | ZIP CODE 90071 | No. of Pages 2 |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|---|---------------------|---------------------|---------------|--|---------------------|----------------|---------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED HOLLY J. MITCHELL | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD County Supervisor: LOS ANGELES COUNTY, #2 | DISTRICT NO. | 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 |
|------------|--|-----------|
| 01/27/2020 | ONLINE ADS Cumulative to date total \$114876.40 | 15,000.00 |
| 01/27/2020 | ONLINE ADS Cumulative to date total \$114876.40 | 5,000.00 |
| | | |
| | | |

Reason for Amendment: _____

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2020 JAN 29 AM 8: 22

PROPOSITION B UNIT

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| | |
|-----------------------------|------------|
| CALIFORNIA FORM | 496 |
| 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 |
|---------------|---|---|---|-----------------|--|
| 01/27/2020 | SEIU UNITED HEALTHCARE WORKERS WEST POLITICAL ACTION COMMITTEE LOS ANGELES, CA 90017 Committee ID# 747285 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 20,000.00 | If loan, enter interest rate, if any _____% |
| 01/24/2020 | ELIZABETH D. SIMONS ATHERTON, CA 93063 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 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