

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY  
Date Stamp  
2024 MAR -5 AM 11:17  
PROPOSITION B UNIT

**CALIFORNIA FORM 496**

For Official Use Only

**NAME OF FILER**  
Los Angeles County Democratic Party - State Candidate Committee

**AREA CODE/PHONE NUMBER**  
(213) 452-6565

**I.D. NUMBER (if applicable)**  
1237135

**STREET ADDRESS**

**CITY**  
Los Angeles

**STATE**  
CA

**ZIP CODE**  
90017

**Date of This Filing**  
3/4/2024

**Report No.**  
030424A

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

**No. of Pages**  
2

## 1. List Only One Candidate or Ballot Measure

**NAME OF CANDIDATE SUPPORTED OR OPPOSED**  
Alex Villanueva

**OFFICE SOUGHT OR HELD**  
County Supervisor

**DISTRICT NO.**  
4

**SUPPORT**

**OPPOSE**

**NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED**

**BALLOT NO./LETTER**

**JURISDICTION**

**SUPPORT**

**OPPOSE**

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/28/2024	MBR; Web Ads \$32,190.16	\$31,000.00
02/28/2024	MBR; Voter Data \$32,190.16	\$1,190.16

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

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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
02/22/2024	National Union of Healthcare Workers Candidate Committee for Quality Patient Care and Union Democracy  Sacramento, CA 95815-4404 ID: 1318200	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00	If loan, enter interest rate, if any  _____ %
02/17/2024	Jeff Schwartz  Culver City, CA 90232-3409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Librarian Santa Monica Public Library	\$100.00	If loan, enter interest rate, if any  _____ %

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

\*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 (e.g., business entity)  
 PTY-Political Party  
 SCC-Small Contributor Committee