NAME OF FILER	Expenditure R			Amounts ma	ay be round	ed to whole dollars.		496 INDEP	ENDENT EXP		E REPOR	
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION					Date of This Filing01/12/2020		Date Stamp RECEIVED BY LOS ANGELES COUN		CALIFOF FORM		496	
AREA CODE/PHONE NUMBER	I.D. NUME	I.D. NUMBER (if applicable)					LUS ANGELES COUNT		ficial Use	Only		
(213)624-6200		1421304			Report No. 01122020		2020 1411 10			10101 000	Only	
STREET ADDRESS					Amendment to Report No.		2020 JAN 13 AM 8: 11 PROPOSITION B UNI					
CITY LOS ANGELES		STATE ZIPCODE CA 90071		(explain below)								
					No. of Pages1							
1. List Only One Cand	idate or Ballot Mea	sure										
NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED								
HOLLY J. MITCHELL												
OFFICE SOUGHT OR HELD		DISTRICT NO.	SUPPORT	OPPOSE		BALLOT NO./LETTER		JURISDICTION	s	UPPORT	OPPOSE	
County Supervisor: COUNTY, #2	LOS ANGELES		х								OFFOSE	
2. Independent Expendent	ditures Made Attach ad	dditional informati	on on appropr	riately labeled	l continuatio	n sheets.			I			
DATE	DESCRIPTION OF EXPENDITURE									AMOUNT		
01/11/2020	VOTER DATA FOR ONLINE ADS Cumulative to date total \$21050.00								950.00			
· · · ·												
01/11/2020	ONLINE ADS Cumulative to date total \$21050.00									5,000.00		
01/11/2020	ONLINE ADS Cumulative to date total \$21050.00									2,500.00		

Reason for Amendment: _

- 2-