Recipient Committee		_		COVER PAGE
Campaign Statement Cover Page (Giovernment Code Sections 84200-84216.5)			TVEU BY LES COUNT	
(Government Sous Soulding Stage State)	Statement covers period	Date of election if applicable: 0012	23 PM 1: 22	Page1 of45
	from09/20/2020	(Month, Day, Year)	TION B UNIT	
SEIE INSTRUCTIONS ON REVERSE	through10/17/2020	44 (00 (0000	2/2020 FX	
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Spe	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
3. Committee Information	I.D. NUMBER 1421304	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER		
WORKING FAMILIES FOR HOLLY MITCHELL FOR (SPONSORED BY LA VOICE ACTION	COUNTY SUPERVISOR 2020,	NATHAN HARDY MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
		LOS ANGELES	CA 90	071 (213)624-6200
CITY STATE Z	P CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF AN	IY	
	90071 (213)624-6200	MICHAEL FARR		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F	P.O. BOX	MAILING ADDRESS		
CITY STATE Z	P CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/HOINE
		LOS ANGELES	CA 90	071 (213)624-6210
OPTIONAL: FAX / E-MAIL ADDRESS (213)623-1692 / nathan@politicallaw.com		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				
I have used all reasonable diligence in preparing and revi under penalty of perjury under the laws of the State of Cali		owledge the information contained herein and in	the attached sched	dules is true and comple te. I cerify
Executed on	. Ву	Signature of Treasurer or Assistant Treasurer		
Executed onDate	. Signature of C	ontrolling Officeholder, Candidate, State Measure Proponent or Re	sponsible Officer of Sponso	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure	Proponent	EPPC Form 460 (lan/2016

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGI	E-PART2
	ORNIA	4	60
	71 (10)	-	
Page _	2	of _	45

Officeholder or Candidate Controlled	I Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AF	ND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STR	EET) CITY STATE ZIP		Identify the controlling of	ficeholder, ca	andidate, or sta	te measure	proponent, if any
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in not included in this statement that are controlle contributions or make expenditures on behalf of	d by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. I	FANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate(
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)		NAME OF OFFICEHOLDER OR HOLLY J. MITCHELL	CANDIDATE	County Super LOS ANGELES	ervisor	SUPPORT ○ OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG		SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPFOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	(NO P.O. BOX)						
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ach continuat	ion sheets if ne	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | 10/17/2020 | Page 3 of 45 | I.D. NUMBER | 1421304

SEE INSTRUCTIONS ON REVERSE NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION 1421304 Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ ____ 280,560.00 1,006,125.00 1/1 through 6/30 7/1 to Date 0.00 0.00 20. Contributions 1,006,125.00 280,560.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _ Received Nonmonetary Contributions Schedule C, Line 3 0.00 788.78 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 280,560.00 \$ 1,006,913.78 Expenditures Made **Expenditure Limit Summary for State** Candidates 0.00 22. Cumulative Expenditures Made* 834,710.79 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 294,836.01 (If Subject to Voluntary Expenditure Limit) -30,089.83 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Date of Election Total to Date (mm/dd/yy) 10. Nonmonetary Adjustment Schedule C, Line 3 788.78 835,499.57 **Current Cash Statement** 422,155.35 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B. add 280,560.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 294,836.01 15. Cash Payments Column A, Line 8 above Column A may be negative 407,879.34 figures that should be 16i. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ ____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse \$ ____ 0.00

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-37'2)
www.fppc.ca.gov

Schedule Monetary							SCHEDULE ORNIA 460 RM
SEE INSTRUCTION	ONS ON REVERSE			through	020	Page _	4 of 45
NAME: OF FILER	Statement covers period to whole dollars. Statement covers period to whole supported that the property of		I.D. NUN	BER			
WORKING FAM	ILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 20	20, SPONSORE	D BY LA VOICE ACTION			142130)4
DATE RECEIVED		CONTINIDOTOR	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CUMULATIVE TO DA CALENDAR YEA (JAN. 1 - DEC. 31	R	PER ELECTION TO DATE (IF REQUIRED)
09/22/2020		□COM □OTH □PTY		5,000.00	5,000	0.00	
09/27/2020		□COM □OTH □PTY		500.00	500	0.00	
09/28/2020	(ID# 780657)	□COM □OTH □PTY		10,000.00	10,000	0.00	
10/13/2020		□сом □отн	RETIRED	25,000.00	325,000	0.00	

PUBLIC INTEREST ATTORNEY

VOICES FOR PROGRESS

EDUCATION FUND

SUBTOTAL\$ 40,750.00

250.00

Schedule A Summary

09/23/2020

SANDRA FLUKE

AGOURA HILLS, CA 91301

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _______ 60.00

XIND

COM

□OTH □PTY □SCC

 *Contributor Codes

250.00

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULEA (CONT.)
CALIFORNIA

FORM

Statement covers period

from

09/20/2020

IAME OF FILER		· · · · · ·		through 10/17/		e5 of45
	LIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 202	0, SPONSORED	BY LA VOICE ACTION		142	21304
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TC) DATE (IF REQUIRED)
09/22/2020	CAROLYN FOWLER INGLEWOOD, CA 90305	☑IND □COM □OTH □PTY □SCC	PROFESSIONAL EXPERT LOS ANGELES UNIFIED SCHOOL DISTRICT	250.00	250.0	0
09/21/2020	NONIE GREENE BELVEDERE TIBURON, CA 94920	⊠IND □COM □OTH □PTY □SCC	EXECUTIVE GREENE CO. INC.	500.00	500.0	0
09/25/2020	PERSONAL INSURANCE FEDERATION OF CA AGENTS & EMPLOYEES PAC (ID# 1338487) SACRAMENTO, CA 95814	□IND 図 COM □ OTH □ PTY □ SCC		1,500.00	1,500.0	0
09/29/2020	PLANNED PARENTHOOD ADVOCACY PROJECT LOS ANGELES COUNTY ACTION FUND (ID# 971616) SACRAMENTO, CA 95814	□IND IND IND OTH IND OTH IND IND IND IND IND IND IND IN		100,000.00	145,000.0	00
10/13/2020	PLANNED PARENTHOOD ADVOCATES PASADENA AND SAN GABRIEL VALLEY PAC (ID# 1414985) ALTADENA, CA 91001	□IND ICOM □OTH □PTY □SCC		5,000.00	5,102.9	00
			SUBTOTAL\$	107,250.00		

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from09/20/	72020 F	DRM 400
				through 10/17/	2020 Page	6 of 45
NAME OF FILER WORKING FAMIL	LIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 202	0, SPONSOREI	BY LA VOICE ACTION		I.D. NU 14213	
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2020	SUSAN PRITZKER SAN FRANCISCO, CA 94129	⊠IND □COM □OTH □PTY □SCC	RETIRED	50,000.00	70,000.00	
10/13/2020	PROTECTING CHOICE IN CALIFORNIA, A PROJECT OF PLANNED PARENTHOOD AFFILIATES OF CALIFORNIA (ID# 1331005) SACRAMENTO, CA 95814	□IND IND IND OTH IND OTH IND OTH IND OTH IND OTH IND OTH IND IND IND IND IND IND IND IN		5,000.00	5,000.00	
10/07/2020	JAMES SARGENT NEW YORK, NY 10014	IND COM OTH PTY SCC	FUND MANAGER SOFTMATTER PARTNERS LLC	20,000.00	20,000.00	
10/14/2020	ELIZABETH D. SIMONS ATHERTON, CA 93063	☑IND □COM □OTH □PTY □SCC	RETIRED	25,000.00	40,000.00	
10/09/2020	STONEWALL DEMOCRATIC CLUB (ID# 971482) LONG BEACH, CA 90802	□IND IND IND IND IND IND IND IND		2,500.00	2,500.00	
			SUBTOTAL	102,500.00		

*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

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

09/20/2020

				through 10/17/	2020 Page	9 7 of 45
NAME OF FILER					I.D. N	NUMBER
WORKING FAMI	LIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 202	0, SPONSORED	BY LA VOICE ACTION		142	1304
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2020	TIDES ADVOCACY SAN FRANCISCO, CA 94129	□IND □COM ☑OTH □PTY □SCC		30,000.00	80,000.00	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL\$	30,000.00		

*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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 460
from	09/20/2020	FORM 400
through	10/17/2020	Page 8 of 45
		I.D. NUMBER
		1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020. SPONSORED BY LA VOICE ACTION

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF RE:QUIRED)
09/20/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 9/20/20-10/3/20	28,839.34	364,400.56	
09/20/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	TELEPHONE CALLS	796.00	364,400.56	
09/25/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING HOLLY MITCHELL	6,500.00	364,400.56	
		•	SUBTOTAL \$	36,135.34		

Schedule D Summary

Schedule D

Summary Supporti	y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may to whole		Statement covers from 09/20/20 through 10/17/20	FOI	RM 400
NAME OF FILER					I.D. NUM	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/25/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	SLATE MAILER	3,212.99	364,400.56	
09/25/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEVISION ADS	20,000.00	364,400.56	
09/29/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose		MAILER	33,828.44	364,400.56	
09/30/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	MAILER	8,667.28	364,400.56	
			SUBTOTAL	\$ 65.708.71		

Schedule D (Continuation Sheet) **Summary of Expenditures Supporting/Opposing Other** Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.) Statement covers period CALIFORNIA **FORM** 09/20/2020

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through 10/17/2020 NAME OF FILER I.D. NUMBER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION 1421304

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/02/2020	HOLLY J. MITCHELL COUNTY Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	ONLINE ADS	10,000.00	364,400.56	
10/02/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	ONLINE ADS	5,000.00	364,400.56	
10/04/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 10/4/20-10/17/20	33,328.43	364,400.56	
10/04/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS	7,409.61	364,400.56	
			SUBTOTAL \$	55,738.04		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

X Support

Oppose

Amounts may be rounded to whole dollars.

NAME OF FILER WORKING FAM	TILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR	DR 2020, SPONSORED	BY LA VOICE ACTION		I.D. NUMBI 1421304	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/07/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support		RADIO ADS	30,250.00	364,400.56	
10/09/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CONSULTING FOR INDEPENDENT EXPENDITURES	2,500.00	364,400.56	
10/09/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support		ONLINE ADS	10,000.00	364,400.56	
10/11/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution	TEXT MESSAGES	4,910.33	364,400.56	

Nonmonetary
Contribution
Independent
Expenditure

SUBTOTAL \$

47,660.33

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE D (CONT.)

 Statement covers period
 CALIFORNIA FORM
 460

 through
 10/17/2020
 Page
 12
 of
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 I.D. NUMBER
 I.D. NUMBER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/12/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose		TELEVISION ADS	10,000.00	364,400.56	
10/12/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING HOLLY MITCHELL	2,500.00	364,400.56	
10/12/2020	HOLLY J. MITCHELL County Supervisor Los ANGELES COUNTY, #2 X Support	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	MAILER	42,417.11	364,400.56	
10/16/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CONSULTING FOR INDEPENDENT EXPENDITURES	6,500.00	364,400.56	
			SUBTOTAL \$	61,417.11		

Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA	160
from	09/20/2020	FORM	400
through .	10/17/2020	Page13 c	of45
		I.D. NUMBER	
		1421204	

SEE INSTRUCTIONS ON REVERSE NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

COL	CODES. If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)	

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FATIMA I. ALVARENGA ESCOBAR	SAL		436.36
WALNUT, CA 91789			
FATIMA I. ALVARENGA ESCOBAR	SAL		566.49
WALNUT, CA 91789			
ANEDOT	OFC		234.10
NEW ORLEANS, LA 70112			
* Payments that are contributions or independent expenditures must a			RTOTAL \$ 1.236.95

Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 294,806.71 2. Unitemized payments made this period of under \$100\$ 29.30 0.00 294,836.01

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/20/2020 through 10/17/2020 Page 14 of 45 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

CODES: If one of the following codes accurate	ly describes the payment, you may	y enter the code. Otherwise, describe the payment.
---	-----------------------------------	--

COD	Lo. If one of the following codes accurately describe	3 1110	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCR	IPTION OF PAYMENT AMOUNT PAID
ANEDOT	OFC	2.30
NEW ORLEANS, LA 70112		
ANEDOT	OFC	230.90
NEW ORLEANS, LA 70112		
ANEDOT	OFC	10.30
NEW ORLEANS, LA 70112		
ANEDOT	OFC	20.30
NEW ORLEANS, LA 70112		
ANEDOT	OFC	0.70
NEW ORLEANS, LA 70112		
* Daymonte that are contributions or independent expanditures must also be		SURTOTAL \$ 264.50

SUBTOTAL \$ 264.50 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (COUT.)

Statement covers period	CALIFORNIA 460				
from09/20/2020	FORM TOO				
through 10/17/2020	- Page 15 of 45				
	I.D. NUMBER				
	1421304				

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	MBR member con MTG meetings ar OFC office exper PET petition circum PHO phone bank POL polling and POS postage, de	nmunication nd appearances ulating s survey resolivery and	ns nces	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same	
NAME AND ADDRESS OF PAYEE (IF GAMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623		OFC				3.87
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623		OFC	16 Tex.			15.00
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623		OFC				15.00
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623		OFC				215.23
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623		OFC				241.45
* Payments that are contributions or independent expenditures must also	be summarized or	Schedule	D.		SUBTOTAL \$	490.55

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded to whole dollars.

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OOL	DEO. If the of the lonowing codes accurately describe	ocs the	payment, you may enter the code.	Othorwoo,	describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AUTOMATIC DATA PROCESSING	OFC		7.26
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		236.93
LA PALMA, CA 90623			
LEXUS BOWEN	SAL		808.06
LOS ANGELES, CA 90001			
LEXUS BOWEN	SAL		783.83
LOS ANGELES, CA 90001			
DEJANE S. BRUCE	SAL		808.07
LONG BEACH, CA 90813			
* Downstate that are contributions or independent expanditures must also be s			RTOTAL \$ 2.644.15

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

2,644.15

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 160
from 09/20/2020	FORM 400
through10/17/2020	Page 17 of 45
	I.D. NUMBER
	1421304

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

COL	DES: If one of the following codes accurately describes	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalia/nisc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
	The state of the s		The second secon		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
DEJANE S. BRUCE LONG BEACH, CA 90813	SAL		1,026.2
BT STRATEGIES SOUTH PASADENA, CA 91031	TEL		20,000.00
BT STRATEGIES SOUTH PASADENA, CA 91031	IND	MAILER SUPPORTING HOLLY MITCHELL	33,828.44
BT STRATEGIES SOUTH PASADENA, CA 91031	IND	CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING HOLLY MITCHELL	6,500.00
BT STRATEGIES SOUTH PASADENA, CA 91031	IND	MAILER SUPPORTING HOLLY MITCHELL	8,667.28

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

70,021.95

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA FORM** 09/20/2020 from through __ 10/17/2020 Page 18 of 45 I.D. NUMBER 1421304

SEE INSTRUCTIONS ON REVERSE

NAIME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphenialia/misc. CNS campaign consultarits CTB contribution (explain nonmonetary)* CVC civic donations PET candidate filing/ballot fees PHO

fundraising events FND independent expenditure supporting/opposing others (explain)* IND)

legal defense campaign literature and mailings LIT

radio airtime and production costs MBR member communications meetings and appearances returned contributions office expenses SAL campaign workers' salaries petition circulating

phone banks polling and survey research POL POS postage, delivery and messenger services

professional services (legal, accounting) PRT print ads

t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC

staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor TSF

VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOINT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ONLINE ADS SUPPORTING HOLLY MITCHELL IND 5,000.00 BT STRATEGIES SOUTH PASADENA, CA 91031 IND ONLINE ADS SUPPORTING HOLLY MITCHELL 10,000.00 BT STRATEGIES SOUTH PASADENA, CA 91031 IND CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING 2,500.00 BT STRATEGIES HOLLY MITCHELL SOUTH PASADENA, CA 91031 BT STRATEGIES IND TELEVISION ADS SUPPORTING HOLLY MITCHELL 10,000.00 SOUTH PASADENA, CA 91031 42,417.11 BT STRATEGIES IND MAILER SUPPORTING HOLLY MITCHELL SOUTH PASADENA, CA 91031

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

69,917.11

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
BT STRATEGIES	IND	CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING	6,500.00
SOUTH PASADENA, CA 91031		HOLLY MITCHELL	
JANAN BUSTAMI	SAL		689.00
LAGUNA NIGUEL, CA 92677			
CA SLATES (ID# 1401551)	IND	SLATE MAILER SUPPORTING HOLLY MITCHELL	3,212.99
LONG BEACH, CA 90802			
SYDNEY CANNON	SAL		808.07
CARSON, CA 90810			
SYDNEY CANNON	SAL		969.67
CARSON, CA 90810			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

12,179.73

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/20/2020 from . through 10/17/2020 Page 20 of 45 I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

COD	ES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
ЦТ	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
шт	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT AMOUNT PAID
LEE E. CHAMBERS	SAL	725.01
GARDENA, CA 90249		
LEE E. CHAMBERS GARDENA, CA 90249	SAL	1,091.31
JILL C. COLLINS LOS ANGELES, CA 90059	SAL	808.06
JILL C. COLLINS LOS ANGELES, CA 90059	SAL	1,034.32
RAUL CORNEJO LOS ANGELES, CA 90003	SAL	616.31
* Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D.	SUBTOTAL \$ 4,275.01

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | Through | 10/17/2020 | Page | 21 | of | 45 | I.D. NUMBER | Through | 10. NUMBER |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ROBERTO CRUZ	SAL		480.03
LOS ANGELES, CA 90003			
SHAVONNE DAVIS LOS ANGELES, CA 90003	SAL		759.57
SHAVONNE DAVIS LOS ANGELES, CA 90003	SAL		743.42
STEPHANIE J. EVANS LOS ANGELES, CA 90019	SAL		686.43
STEPHANIE J. EVANS LOS ANGELES, CA 90019	SAL		991.06
* Payments that are contributions or independent expenditures must also be su			BTOTAL \$ 3,660,51

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

3,660.51

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 09/20/2020 through 10/17/2020 Page 22 of 45 I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs CMP campaign paraphernalia/misc. member communications CNS campaign consultants meetings and appearances returned contributions office expenses CTB contribution (explain nonmonetary)* OFC SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs TEL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals TRC FND fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals POL IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense professional services (legal, accounting)

campaign literature and mailings PRT print ads VOT voter registration

information technology costs (internet, e-mail) WEB

NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) MARTEZE GILMORE SAL 665.63 LOS ANGELES, CA 90021 MARTEZE GILMORE SAL 80.81 LOS ANGELES, CA 90021 JOSE GONZALEZ SAL 161.61 LOS ANGELES, CA 90001 SAL JOSE GONZALEZ 80.81 LOS ANGELES, CA 90001 GRACIELA GUERRA-VARGAS SAL 799.98 LOS ANGELES, CA 90018

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,788.84

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460				
from 09/20/2020	FORM TOO				
through10/17/2020	Page 23 of 45				
	I.D. NUMBER				
	1421304				

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs petition circulating CVC civic donations PET candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL TRS staff/spouse travel, lodging, and meals POL polling and survey research fundraising events

IND independent expenditure supporting/opposing others (explain)*

POS postage, delivery and messenger services professional services (legal, accounting)

TSF transfer between committees of the same candidate/sponsor voter registration

IT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

		The same and the s	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GRACIELA GUERRA-VARGAS	SAL		791.91
LOS ANGELES, CA 90018			
EDGAR GUERRERO. JR.	SAL		161.61
LOS ANGELES, CA 90001			
EDGAR GUERRERO, JR.	SAL		80.81
LOS ANGELES, CA 90001			
MAYA HERRERA	SAL		492.92
LOS ANGELES, CA 90032			
MAYA HERRERA	SAL		597.96
LOS ANGELES, CA 90032			
* Payments that are contributions or independent expenditures must			JBTOTAL \$ 2,125.21

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

through 10/17/2020
Page 24 of 45
I.D. NUMBER

1421304

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions CNS campaign consultants MTG meetings and appearances office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating CVC: civic donations PET candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals polling and survey research TRS fundraising events POL transfer between committees of the same candidate/spansor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* TSF IND **LEG** legal defense professional services (legal, accounting) VOT voter registration PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF	F PAYMENT AMOUNT PAID
MARIAH HILL	SAL	193.93
LOS ANGELES, CA 90003		
MATTHEW D. HOM CERRITOS, CA 90703	SAL	572.83
MATTHEW D. HOM CERRITOS, CA 90703	SAL	179.86
DENISE JACKSON LOS ANGELES, CA 90003	SAL	614.13
DEN ISE JACKSON LOS ANGELES, CA 90003	SAL	1, 155.54
* Payments that are contributions or independent expenditures must also be s	ummarized on Schodula D	SUBTOTAL \$ 2,716.29

FPPC Form 460(Ja n/z01/6) FPPC Toll-Free Helpline: 866/ASK-FPPC (869/2/5377 2) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 09/20/2020 from through 10/17/2020 Page 25 of 45 I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
					The state of the s

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RAYMOND JAOUEZ	SAL		838.20
LOS ANGELES, CA 90003			
RAYMOND JAOUEZ	SAL		767.89
LOS ANGELES, CA 90003			
FAITH A. JONES	SAL		436.35
COMPTON, CA 90221			
HALEY JONES	SAL		602.27
ORANGE, CA 92868			
HALEY JONES	SAL		420.20
ORANGE, CA 92868			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

3,064.91

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period

CALIFORNIA
FORM

O9/20/2020

from 09/20/2020 FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COE	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
	The transfer of the same of the	_			

CODE OR DESCRIPTION OF PA	AYMENT AMOUNT PAID
SAL	242.4
SAL	870.80
SAL	937.1
CNS	1,725.00
SAL	646.4
	SAL SAL CNS

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

4,421.84

Amounts may be rounded to whole dollars.

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

G legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYM	IENT AMOUNT PAID
REGIN' MCCLENDON	SAL	791.9
LOS ANGELES, CA 90047		
TINA MCKINNOR	OFC	300.0
HAWTHORNE, CA 90250		
CHARLOTTE NORTHERN	SAL	1,973.9
SAN PEDRO, CA 90732		
CHARLOTTE NORTHERN	SAL	2,223.3
SAN PEDRO, CA 90732		
SHAMIER NUNLEY	SAL	759.5
LOS ANGELES, CA 90003		
* Payments that are contributions or independent expenditures must also b		SUBTOTAL \$ 6,048.7'

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 460			
from 09/20/2020	FORM TOO			
through10/17/2020	Page 28 of 45			
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	1421304			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FIL

FIL candidate filing/ballot fees PHO phone banks IRC candidate travel, lodging, and meals
FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

T campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE	0005 00	DESCRIPTION OF DAVMENT	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SHAMIER NUNLEY	SAL		1,026.25
LCS ANGELES, CA 90003			
PARADISE BUILDING, LLC	OFC		1,250.00
LOS ANGELES, CA 90045			
PAYROLL TAXES	SAL		89.06
SACRAMENTO, CA 95826			
PAYROLL TAXES	SAL		5,389.82
SACRAMENTO, CA 95826			
PAYROLL TAXES	SAL		167.30
SACRAMENTO, CA 95826			
* Payments that are contributions or independent expenditures m			BTOTAL \$ 7.922.43

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

7,922.43

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COL	ES: If one of the following codes accurately de	escribes the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees		phone banks		candidate travel, lodging, and meals
FND	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (expla		postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYM	ENT AMOUNT PAID
PAYROLL TAXES	SAL	5,995.3
SACRAMENTO, CA 95826		
ALAN B. PENA	SAL	298.99
LOS ANGELES, CA 90062		
ASHLEY PEREZ-SOSA	SAL	652.96
LOS ANGELES, CA 90006		
ASHLEY PEREZ-SOSA	SAL	957.72
LOS ANGELES, CA 90006		
VIRIDIANA PRECIADO CERVANTES	SAL	451.20
HUNTINGTON PARK, CA 90255		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

8,356.20

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMF	campaign paraphernalia/misic.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonrnonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC;	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VIRIDIANA PRECIADO CERVANTES	SAL		580.91
HUNTINGTON PARK, CA 90255			
REED & DAVIDSON, LLP	PRO		5,089.83
LOS ANGELES, CA 90071			
REED & DAVIDSON, LLP	PRO	491	7,630.78
LOS ANGELES, CA 90071			
JOVANNY REYES-RAMOS	SAL		824.59
LOS ANGELES, CA 90003			
JOVANNY REYES-RAMOS	SAL		756.21
LOS ANGELES, CA 90003			
* Payments that are contributions or independent expenditures must also be s	Immerized on Schedule D	ell	BTOTAL \$ 14,882.32

Schedule E	
(Continuation Sheet)	
Payments Made	

			SCHEL	DULE	E (CON.)
Stater	nent covers period	CALIF		1	60
from	09/20/2020	FO	RM		.00
through_	10/17/2020	Page _	31	of_	45
		I.D. NUM	BER		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COL	DES: If one of the following codes accura	tely describes the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing other	(explain)* POS			transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

ALAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAY	MENT AMOUNT PAID
BRITTANY RIVERA	SAL	451.20
HUNTINGTON PARK, CA 90255		
BRITTANY RIVERA	SAL	193.94
HUNTINGTON PARK, CA 90255		
BELEN RODRIGUEZ	SAL	759.5
PACOIMA, CA 91331		
BEL EN RODRIGUEZ	SAL	1,284.8
PACOIMA, CA 91331		
YAZMIN RODRIGUEZ	SAL	678.7
LOS ANGELES, CA 90037		
* Payments that are contributions or independent expenditures must also be s		SUBTOTAL \$ 3,368.3:

FPPC Form 460 (Jan/2016)

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA 460
from	09/20/2020	FORM 400
through	10/17/2020	Page32 of45
		I.D. NUMBER

1421304

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs CMP campaign paraphemalia/misc. MBR member communications RFD returned contributions CN3 campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs CVC civic donations PET candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals TRC POL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events TRS IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (# COMMTTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
YAZMIN RODRIGUEZ	SAL		1,203.37
LOS ANGELES, CA 90037			
LENA I RUVALCABA HUNTINGTON PARK, CA 90255	SAL		508.85
<u> </u>			
LENA I RUVALCABA	SAL		508.85
HUNTINGTON PARK, CA 90255			
ANDREA SLATER	SAL		743.42
VALLEJO, CA 94590			
ANDREA SLATER	SAL		1,210.40
VALLEJO, CA 94590			
* Payments that are contributions or independent expenditures must also be so	ummarized on Schodule D	SI	JBTOTAL \$ 4,174.89

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COL	DES: If one of the following codes accurately de	escribes the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (expla			TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
RHIAN E. SLATER	SAL	602.53
VALLEJO, CA 94590		
JABBAR L. STROUD LOS ANGELES, CA 90008	SAL	808.07
JABBAR L. STROUD	SAL	783.82
LOS ANGELES, CA 90008		
KAMRYN A. TATE	SAL	808.07
LONG BEACH, CA 90805		
KAMRYN A. TATE	SAL	888.86
LONG BEACH, CA 90805		000.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

3,891.35

Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.)
State	ment covers period	CALIFORNIA A GO
from	09/20/2020	FORM + OI
through.	10/17/2020	Page 34 of 45
		I.D. NUMBER
		1421304

SEE INSTRUCTIONS ON REVERSE

NAIME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
C*TB contribution (explain nonrnonetary)*

E*VC civic donations
FIL candidate filing/ballot fees

FIL candidate filing/ballot fees
FVD fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense

LIT campaign literature and mailings

R member communications RAD radio airtime and production costs meetings and appearances RFD returned contributions

MTG meetings and appearances
OFC office expenses
SAL campaign workers' salaries
t.v. or cable airtime and production costs
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
POL polling and survey research
TRS staff/spouse travel, lodging, and meals

OS postage, delivery and messenger services
RO professional services (legal, accounting)
RT print ads

TSF transfer between committees of the same candidate/sponsor VOT voter registration
WEB information technology costs (internet, e-mail)

RIAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RADIO ADS SUPPORTING HOLLY MITCHELL 30,250,00 IND TAXI PRODUCTIONS, INC. (KJLH-FM) INGLEWOOD, CA 90301 TELEPHONE CALLS SUPPORTING HOLLY MITCHELL 7,409.61 IND TELL THAT STORY INC. SOUTH PASADENA, CA 91031 10,000.00 IND ONLINE ADS SUPPORTING HOLLY MITCHELL TELL THAT STORY INC. SOUTH PASADENA, CA 91031 IND CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING 2,500.00 TELL THAT STORY INC. HOLLY MITCHELL SOUTH PASADENA, CA 91031 4,910.33 IND TEXT MESSAGES SUPPORTING HOLLY MITCHELL TEXT COMMUNICATIONS, INC. SOUTH PASADENA, CA 91031

* Payments that are contribution:s or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

55,069.94

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COL	DES: If one of the following codes accurately	describes the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (exp	olain)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DES	CRIPTION OF PAYMENT AMOUNT PAID
ELENA TORRES	SAL	725.01
LOS ANGELES, CA 90011		
ELENA TORRES LOS ANGELES, CA 90011	SAL	767.90
DENEEN R. TUBBS CULVER CITY, CA 90232	SAL	508.85
CAROL TURNER LONG BEACH, CA 90813	SAL	756.22
CAROL TURNER LONG BEACH, CA 90813	SAL	937.89

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Amounts may be rounded to whole dollars.

 Statement covers period

 from
 09/20/2020

 through
 10/17/2020

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 of
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 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

1421304

COL	ES: If one of the following codes accurately de	scribes the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain	n)* POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KESHANA WALKER	SAL		678.77
CARSON, CA 90746			
KESHANA WALKER	SAL		1,026.24
CARSON, CA 90746			
L'TOYA D. WHEELER	SAL		1,419.89
LONG BEACH, CA 90805			
L'TOYA D. WHEELER	OFC		72.72
LONG BEACH, CA 90805			
L'TOYA D. WHEELER	SAL		1,931.03
LONG BEACH, CA 90805			
* Payments that are contributions or independent expenditures must also be			OTAL \$ 5.128.65

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

5,128.65

CALIFORNIA 460

from09/20/2020		FORM 460				
through_	10/17/2020	Page 37 of 45				

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1421304

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member cor MTG meetings ar OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	nmunications nd appearances nses ulating		s oduction costs nd meals , and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MICHAEL WILSON LOS ANGELES, CA 90011		SAL		242.41
TRUTH B. WOODSON LOS ANGELES, CA 90002		SAL		298.99
DARNETTA D. YOUNGBLOOD TORRANCE, CA 90501		SAL		808.06
DARNETTA D. YOUNGBLOOD TORRANCE, CA 90501		SAL		1,115.12
WAFAA A. ZEKERIA	<u> </u>	SAL	A second	624.14

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

3,088.72

GARDEN GROVE, CA 92841

Amounts may be rounded to whole dollars.

Stater	ment covers period	CALIFORNIA 160
from	09/20/2020	FORM 40U
through	10/17/2020	Page 38 of 45
		I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes	s the	payment, you may enter the code.	Otherwise,	describe the payment.
CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WAFAA A. ZEKERIA	SAL		371.7
GARDEN GROVE, CA 92841			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

371.71

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/20/2020 from through __10/17/2020 Page 39 of 45 I.D. NUMBER

SEIE INSTRUCTIONS ON REVERSE

NAME OF FILER

1421304

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmometary)* OFC office expenses SAL campaign workers' salaries t.v. or cable airtime and production costs PET petition circulating CVC civic donations candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks POL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor TSF IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services voter registration professional services (legal, accounting) VOT legal defense LEG WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads

NAME AND ADDRIESS OF CREDITOR (IF COMMITTEE, ALSC) ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REED & DAVIDSON. LLP LOS ANGELES, CA 90071	PRO	5,089.83	0.00	5,089.83	0.00
FT STRATEGIES SCUTH PASADENA, CA 91031	TEL	20,000.00	0.00	20,000.00	0.00
BT STRATEGIES 1 SOUTH PASADENA, CA 91031	IND ONLINE ADS SUPPORTING HOLLY MITCHELL	5,000.00	0.00	5,000.00	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 30,089.83\$	0.00\$	30,089.83\$	0.00

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid his period. (Include all Schedule F, Column (c) subtotals for payments on
- 3. Net change this perod. (Subtract Line 2 from Line 1. Enter the difference here and Net change this perod. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Collumn A, Line 9.)

 NET \$ \frac{-30,089.83}{May be a negative number}\$

Schedule G	
Payments Made by an Agent or Independent	t
Contractor (on Behalf of This Committee)	

SCHEDULE G Statement covers period **CALIFORNIA** 09/20/2020 **FORM** from. through 10/17/2020 Page 40 of 45 I.D. NUMBER 1421304

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BT STRATEGIES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations TEL t.v. or cable airtime and production costs PET FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF

LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings WEB information technology costs (internet, e-mail) LIT PRT print ads

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPT	ION OF PAYMENT AMOUNT PAID
ALEXANDRA BORRELLI	LIT	1,200.00
LONG ISLAND CITY, NY 11103		
ALEXANDRA BORRELLI	LIT	1,400.00
LONG ISLAND CITY, NY 11103		
FACEBOOK MENLO PARK, CA 94025	WEB	10,000.00
HULU SANTA MONICA, CA 90404	TEL	10,000.00
Attach additional information on appropriately labeled continuation s		TOTAL* \$ 22,600.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		001120022 0 (00111
Statement covers period		CALIFORNIA 460
from	09/20/2020	FORM 40
through	10/17/2020	Page 41 of 45

I.D. NUMBER

1421304

SCHEDULE G (CONT.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BT STRATEGIES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearances CNS campaign consultants OFC office expenses CTB contribution (explain nonmonetary)* CVC civic donations petition circulating FIL candidate filing/ballot fees PHO phone banks POL polling and survey research FND fundraising events

POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) LEG legal defense PRT print ads campaign literature and mailings

candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF

transfer between committees of the same candidate/sponsor VOT voter registration

WEB information technology costs (internet, e-mail)

TEL t.v. or cable airtime and production costs

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ROGER OULLETTE	LIT		500.00
LOS ANGELES, CA 90042			
ROGER OULLETTE	LIT		750.00
LOS ANGELES, CA 90042			
PRESS PRINT, INC. BANNING, CA 92220	LIT		7,155.00
PRESS PRINT. INC.	LIT		1,890.00
BANNING, CA 92220			
Attach additional information on appropriately labeled continuation she	eets.		TOTAL* \$ 10,295.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet) Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G (CONT.) Statement covers period **CALIFORNIA** 09/20/2020 **FORM** from. through 10/17/2020 Page 42 of 45

I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

BT STRATEGIES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions

CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries

t.v. or cable airtime and production costs petition circulating CVC civic donations PET candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks TRC POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events

transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF VOT voter registration

professional services (legal, accounting) LEG legal defense information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads WEB

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYN	MENT AMOUNT PAID
PRESS PRINT. INC.	LIT	11,775.75
BANNING, CA 92220		
U.S. POSTMASTER	POS	20,018.43
BANNING, CA 92220		
U.S. POSTMASTER	POS	4,787.83
BANNING, CA 92220		
U.S. POSTMASTER	POS	28,344.22
BANNING, CA 92220		

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

64.926.23

TOTAL* \$

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

SCHEDULE G (CONT.) Statement covers period **CALIFORNIA** 09/20/2020 **FORM** from. through 10/17/2020 Page 43 of 45 I.D. NUMBER 1421304

SEE INSTRUCTIONS ON REVERSE

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BT STRATEGIES

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions MTG meetings and appearances CNS campaign consultants CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating t.v. or cable airtime and production costs CVC civic donations candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC FIL

POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)*

PRO professional services (legal, accounting) VOT voter registration LEG legal defense PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings LIT

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VALENCIA MARKETING	LIT		1,250.00
WHITTIER, CA 90605			

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

1,250.00

TOTAL* \$

Schedule G	
Payments Made by an Agent or Independent	t
Contractor (on Behalf of This Committee)	

SCHEDULE G Statement covers period **CALIFORNIA** 09/20/2020 **FORM** from. through __ 10/17/2020 Page 44 of 45 I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

NAME OF AGENT OR INDEPENDENT CONTRACTOR

TELL THAT STORY INC.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs PET candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS TSF

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) LIT

campaign literature and mailings PRT print ads transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

WEB PHO		10,000.00
РНО		
PHO		
10		7,409.61

)	

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G	
Payments Made by an Agent or Independen	t
Contractor (on Behalf of This Committee)	

SCHEDULE G Statement covers period **CALIFORNIA** 09/20/2020 **FORM** from. through 10/17/2020 Page 45 of 45 I.D. NUMBER 1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION

NAME OF AGENT OR INDEPENDENT CONTRACTOR

TEXT COMMUNICATIONS, INC.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

print ads

PRO

PRT

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* PET CVC civic donations

FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* ND legal defense

LEG LIT campaign literature and mailings

RAD radio airtime and production costs MBR member communications

RFD returned contributions MTG meetings and appearances office expenses SAL campaign workers' salaries

t.v. or cable airtime and production costs petition circulating candidate travel, lodging, and meals PHO phone banks TRC staff/spouse travel, lodging, and meals POL polling and survey research TRS postage, delivery and messenger services

transfer between committees of the same candidate/sponsor TSF VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
TEXT MESSAGES	4,910.3

professional services (legal, accounting)

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

4,910.33

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.