					- 4:4		COVER PAGE
Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200	84216 5)			LOS ANGE	Date Stamp		IFORNIA 460
SEIE INSTRUCTIONS ON REVERSE		Sta from through	07/01/2020	Date of election if applicable? (Month, Day, Year) PROPOSI 11/03/2020	9/24/20205	Page	1 of 39 For Official Use Only
1. Type of Recipient Comr	nittee: All Committees	- Complete Par	ts 1, 2, 3, and 4.	2. Type of Statement:	8		
 Officeholder, Candidate Com State Candidate Election Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Comm Political Party/Central Co 	Committee	Committee Controll Sponso (Also Complete Primarily, F.C	red Part 6) prmed Candidate/ r Committee	 Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be] Supplemental	Year Report
3. Committee Information		I.D. NUMBER 1421304	1	Treasurer(s)			
COMMITTEE NAME (OR CANDIDAT WORKING FAMILIES FOR HO SPONSORED BY LA VOICE 2	LLY MITCHELL FOR C		RVISOR 2020,	NAME OF TREASURER NATHAN HARDY MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)				CITY	STATE	ZIP CODE	AREA CODE/PHONE
				LOS ANGELES	CA	90071	(213)624-6200
CITY	STATE ZI	P CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY		
LOS ANGELES MAILING ADDRESS (IF DIFFEREN		90071 .O. BOX	(213) 624-6200	MICHAEL FARR			
CITY	STATE ZI	P CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE 90071	AREA CODE/PHONE (213) 624-6200
OPTIONAL: FAX / E-MAIL ADDRE	SS			LOS ANGELES OPTIONAL: FAX / E-MAIL ADDR		90071	(213) 024-0200
(213)623-1692 / nathane	politicallaw.com						
under penalty of perjury under th	e laws of the State of Cali			nowledge the information contained her	rein and in the attached	schedules is true	e and complete. I certify
Executed on0972	3/2020 Date		By	Signature of Treasurer or Assistant	Treasurer		
Executed on	Date		BySignature of C	controlling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of	Sponsor	
Executed on	Date		Ву	Signature of Controlling Officeholder, Candidate, Si	ate Measure Proconent		

By_

Executed on _____ Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jar/20·16) FPPC Advice: advice@fppc.ca.gov (866/275-3/72) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBE	R IF APPLICABLE	E)				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP				

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME		I.D	NUMBE	R
NAME OF TREASURER		cc [
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE		AREA CODE/PHONE
COMMITTEE NAME		I.D	. NUMBE	R
NAME OF TREASURER				
COMMITTEE ADDRESS	STREET ADDRESS (N	IO P.O. BOX)		
CITY	STATE	ZIP CODE		AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER		
----------------------	--	--

Identify the controlling officeholder, candidate, or state measure proportent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
HOLLY J. MITCHELL	County Supervisor LOS ANGELES COUNTY,	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	[]SUF ³ PORT []OPF ³ OS⊑
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	[] SUPFOR [

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page		to whole dollars.				nent covers period	CALIFORNIA FORM 460		
					rom		Page of39		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				tr	hrough .	0371372020	I.D. NUMBER		
		CRONCORDE DU LA MOT					1421304		
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 202		Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	CE	Column B CALENDAR YEAR TOTAL TO DATE	2	Running in Both t	mmary for Candidates he State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$	462,465.00	\$	725,56	5.00	General Elections			
2. Loans Received		0.00	•		0.00	1/1	through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	462,465.00	\$	725,56	5.00	20. Contributions	\$\$		
4. Nonmonetary Contributions Schedule C, Line 3		384.78		78	8.78	Received \$ 21. Expenditures	\$		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	462,849.78	\$	726,35	3.78	Made \$	\$		
Expenditures Made						Expenditure Limit	Summary for State		
6. Payments Made Schedule E, Line 4	\$	122,770.51	\$	539,874	4.78	Candidates			
7. Loans Made Schedule H, Line 3		0.00		(0.00	00. Cumulat	Formen diterrite Mandat		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	122,770.51	\$	539,874	4.78		to Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills)		21,394.08		25,089	9.83	Date of Election	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3		384.78		78	8.78	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE	\$	144,549.37	\$	565,753	3.39	//	\$		
Current Cash Statement	-		Г				\$		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	67,407.19	To	o calculate Column I	B, add				
13. Cash Receipts Column A, Line 3 above		462,465.00	ar	mounts in Column A	to the				
14. Miscellaneous Increases to Cash Schedule I, Line 4		15,053.67	fre	orresponding amount om Column B of you	ur last	*Amounts in this section reported in Column B.	may be different from amounts		
15. Cash Payments Column A, Line 8 above		122,770.51		eport. Some amoun olumn A may be neg					
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	422,155.35	fig	gures that should be	e	6			
If this is a termination statement, Line 16 must be zero.			pe	ubtracted from prev enod amounts. If the first report being	nis is				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	or this calendar year	r, only				
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, and s ny).					
18. Cash Equivalents See instructions on reverse									
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	25,089.83							

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

I

Schedule	A						SC	HEDULE
Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover		CALIFORNIA FORM 460		
				through09/19/2	020	Page	4 of .	39
SEE INSTRUCTION	ONS ON REVERSE					I.D. NUM		
	MILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 20	20 SPONSORE	D BY LA VOICE ACTION			142130		
DATE	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 CALENDAR Y (JAN. 1 - DEC	DATE	PER ELE TO DA (IF REQU	TE
08/10/2020	M. OUINN DELANEY OAKLAND, CA 94612	⊠IND □COM □OTH □PTY □SCC	RETIRED	300,000.00	300,	000.00		
09/08/2020	KAREN GROVE MENLO PARK, CA 94025	⊠IND □COM □OTH □PTY □SCC	RETIRED	15,000.00	15,	000.00		
09/14/2020	ADAM GUNTHER SANTA MONICA, CA 90404	⊠IND □COM □OTH □PTY □SCC	MUSICIAN ADAM GUNTHER	10,000.00	10,	000.00		
09/17/2020	CRYSTAL E. HAYLING SAN MATEO, CA 94402		DIRECTOR TAO RISING	1,500.00	1,	500.00		
08/20/2020	LOS ANGELES LEAGUE OF CONSERVATION VOTERS (ID# 810317) LOS ANGELES, CA 90017	□IND IX COM □OTH □PTY □SCC		5,000.00	5,	000.00		
			SUBTOTAL	331,500.00				14.2
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. all Schedule A subtotals.)				IND- COM	(other th	des nt Committee nan PTY or \$ e.g., busines	SCC)
	eceived this period – unitemized monetary contributions letary contributions received this period.	s or less than a	φτου φ	115.00	PTY	- Political I		

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole		Statement cove	2020	CALIFORNIA 46	
				through 09/19/		Page5 of39	
ORKING FAMII	LIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 202	0, SPONSORED	BY LA VOICE ACTION			1421304	
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR TODATE	
09/17/2020	JENNIFER MINER PACIFIC PALISADES, CA 90272	⊠IND □COM □OTH □PTY □SCC	RETIRED	500.00	500	0.00	
08/20/2020	WILLIAM RESNICK LOS ANGELES, CA 90064	⊠IND □COM □OTH □PTY □SCC	RETIRED	50,000.00	75,000	0.00	
09/18/2020	JOE SANBERG LOS ANGELES, CA 90024	IND COM OTH PTY SCC	ENTREPRENEUR/INVESTOR JOE SANBERG	5,000.00	5,000	0.00	
09/16/2020	HERB SCHULTZ PALM SPRINGS, CA 92262	XIND COM OTH PTY SCC	CONSULTANT HKS STRATEGIES LLC	100.00	100	0.00	
09/18/2020	SUSAN SHEU SANTA MONICA, CA 90402		WRITER LINEA SOLUTIONS	250.00	250	0.00	
			SUBTOTAL	\$ 55,850.00			

*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

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from07/01/2020		CALIFORNIA FORM 460		
				through 09/19/	2020	Page	6 of <u>39</u>	
AME OF FILER	LIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 202	0 SPONSORED	BY LA VOICE ACTION			I.D. NUMBE	R	
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 CALENDAR Y (JAN. 1 - DEC	DATE	PER ELECTION TO DATE (IF REQUIRED)	
08/20/2020	MICHAEL STUBBS LOS ANGELES, CA 90064	⊠ IND □ COM □ OTH □ PTY □ SCC	RETIRED	50,000.00	75,0	00.00		
07/06/2020	ISAAC TUCKER SANTA MONICA, CA 90402	⊠IND □COM □OTH □PTY □SCC	EXECUTIVE BLACKLINE	25,000.00	25,0	00.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		DIND COM OTH PTY SCC						
			SUBTOTAL	\$ 75,000.00				

*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

Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.	fro	Statement covers po m07/01/202	CALIFU	CALIFORNIA FORM 460	
SEE INSTRUCT	TIONS ON REVERSE			the	rough09/19/202	0 Page	7 of 39	
NAME OF FILE	2					I.D. NUMB		
DATE RECEIVED	MILIES FOR HOLLY MITCHELL FOR COUNTY SUF FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	, SPONSORED BY LA VOICE IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	ACTION DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	1421304 CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PEIRELE:CTION TotATE (IF REQUIRED)	
09/11/2020	FOOD AND WATER ACTION FUND CAL PAC (ID# 1417834) LOS ANGELES, CA 90017	□IND IND IND IND IND IND IND IND		STAFF TIME	97.38	281.88		
9/13/2020	FOOD AND WATER ACTION FUND CAL PAC (ID# 1417834) LOS ANGELES, CA 90017	□IND ⊠COM □OTH □PTY □SCC		STAFF TIME	184.50	281.88		
7/31/2020	LA VOICE ACTION LOS ANGELES, CA 90010	□IND □COM ⊠OTH □PTY □SCC		ADMINISTRATIVE SERVICES: \$1,250.00	0.00	404.00		
	PLANNED PARENTHOOD ADVOCATES PASADENA AND SAN GABRIEL VALLEY PAC (ID# 1414985) ALTADENA, CA 91001	□IND IND IND IND IND IND IND IND		EMAILS	102.90	102.90		

Schedule C Summary	ſ	*Contributor Codes
Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtoals.)	384.78	IND – Individual COM – Recipient Committee
2. Amount received this preriod – unitemized nonmonetary contributions of less than \$100	0.00	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party
 Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	384.78	SCC-Small Contributor Committee

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees					20 FOR	CALIFORNIA FORM 460	
NAME OF FILER		R 2020, SPONSORED	BY LA VOICE ACTION		I.D. NUM 142130	BER	
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)	
08/09/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution	POLLING (ESTIMATE)	20,000.00	97,741.03		
08/09/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	TELEPHONE CALLS FOR THE PERIOD 8/9/20-8/22/20	5,908.06	97,741.03		
08/09/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	 Monetary Contribution Nonmonetary Contribution Independent 	TELEPHONE CALLS	2,759.86	97,741.03		
	I Support Doppose	Expenditure					

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$	97,741.03
2. Unitemized contributions and independent expenditures made this period of under \$100 \$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	97,741.03

(Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rounded to whole dollars.		Statement covers from 07/01/20 through 09/19/20	20 FOR	CALIFORNIA FORM 46	
NAME OF FILER					I.D. NUMB		
WORKING FAM	AILLIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	BY LA VOICE ACTION DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
08/09/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution Independent Expenditure	VOTER DATA	3,000.00	97,741.03		
08/23/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 8/23/20-9/5/20	12,986.54	97,741.03		
8/31/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution Independent Expenditure	ONLINE ADS	5,000.00	97,741.03		
08/31/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution	CONSULTING FOR ONLINE ADS	7,000.00	97,741.03		

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

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole		SCHED Statement covers period from 07/01/2020 CALIFORNIA FORM through 09/19/2020 Page 10		
WORKING FAM	ILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO	R 2020, SPONSORED	BY LA VOICE ACTION		1.D. NUME	
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 CALE:NDAR YEAR (44-44). 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	CONSULTING FOR ONLINE ADS	7,000.05	97,741.03	
08/31/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	ONLINE ADS	5,200.00	97,741.03	
08/31/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	ONLINE ADS	2,500.00	97,741.03	
09/06/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 9/6/20-9/19/20	17,886.87	97,741.03	
			SUBTOTAL \$	32,586.87		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			from07/01/20	20 CAL F 20 Pag	SCHEDULE D (CONT FORNIA ORM 460
ILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO	R 2020, SPONSORED	BY LA VOICE ACTION		-	
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 DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	 Monetary Contribution Nonmonetary Contribution X Independent Expenditure 	TELEPHONE CALLS	2,999.85	97,741.0	13
HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS	2,999.85	97,741.(33
HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	CONSULTING FOR INDEPENDENT EXPENDITURES	2,500.00	97,741.0)3
Support Dppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	A of Expenditures ng/Opposing Other es, Measures and Committees ILLES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Image: Support ison LOS ANGELES COUNTY, #2	Amounts may to whole ng/Opposing Other es, Measures and Committees ILLES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 HOLLY J. MITCHELL COUNTY INTONE	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Statement covers from07/01/20 through_09/19/20 Trom07/01/20 through_09/19/20 through_09/19/20 TLIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION MAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE TYPE OF PAYMENT DESCRIPTION (FREQUIRED) AMOUNT THIS PERIOD HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Monetary Contribution TELEPHONE CALLS 2,999.85 HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Monetary Contribution TELEPHONE CALLS 2,999.85 MOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Monetary Contribution TELEPHONE CALLS 2,999.85 MOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Monetary Contribution CONSULTING FOR INDEPENDENT 2,500.00 MOLL J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 Monetary Contribution CONSULTING FOR INDEPENDENT 2,500.00 Monetary Contribution Independent Expenditure Constitution FOR INDEPENDENT 2,500.00 Monetary Contribution Independent Monetary Contribution Constitution FOR INDEPENDENT 2,500.00	Amounts may be rounded towhole dollars. Statement covers period from

Schedule E	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from07/01/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page <u>12</u> of <u>39</u>
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COL	INTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	1	1421304

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

207.81
508.85
508.85

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	122,711.91
2. Unitemized payments made this period of under \$100 \$	58.60
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	122,770.51

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page 13 of 39
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR CO	UNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	ī	1421304

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
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 I	PAYMENT AMOUNT PAID
ANEDOT NEW ORLEANS, LA 70112	OFC	4.30
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623	OFC	15.00
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623	OFC	75.00
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623	OFC	15.00
AUTOMATIC DATA PROCESSING LA PALMA, CA 90623	OFC	119.31
* Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D.	SUBTOTAL \$ 228.61

Schedule E		Chatament and and a			
(Continuation Sheet) Payments Made	Amounts may be rounded	Statement covers period	CALIFORNIA 460		
	to whole dollars.	from07/01/2020	FORM TOO		
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page 14 of 39		
NAME OF FILER	I.D. NUMBER				
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUL	NTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTIO	N	1421304		
CODES: If one of the following codes accura	ately describes the payment, you may enter the co	de. Otherwise, describe the paymen	t.		

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)

En campaign incratare and mainings	Fill plint ads	VALD INIONIATION RECINICIOUSY COSts (In	internet, e-maily
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AUTOMATIC DATA PROCESSING	OFC		15.00
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		97.64
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		15.00
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		135.77
LA PALMA, CA 90623			
LEXUS BOWEN	SAL		727.25
LOS ANGELES, CA 90001			
* Payments that are contributions or independent expenditures	must also be summarized on Schedule D	SUBT	TOTAL \$ 990.66

Schedule E		Statement covers period	SCHEDULE E (CONT		
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	from07/01/2020	CALIFORNIA FORM 460		
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page 15 of 39		
NAME OF FILER	I.D. NUMBER				
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUR	1421304				

COD	ES: If one of the following	codes accurately describes	the	payment,	you may	enter	the code.	Otherwise,	describe the payr	nent.
CMP	campaign paraphernalia/misc.		MBR	member co	mmunicatio	ns		RAD	radio airtime and proc	luction 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
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

SAL		3.08
SAL		751.50
SAL		646.45
		7,000.00
IND C	ONLINE ADS SUPPORTING HOLLY MITCHELL	5,000.00
		SAL IND CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING HOLLY MITCHELL

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

SUBTOTAL \$ 13,401.03

Schedule E			SCHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page 16 of 39
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR CON	UNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	N	1421304
	rately describes the payment, you may enter the co		
CMF ² campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and producti	on costs

CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTE	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/shonsor
LEGi		PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

campaign literature and mailings LIT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMCOUNT PAID
BI STRATEGIES SOUTH PASADENA, CA 91031	IND	CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING HOLLY MITCHELL	7,000.00
BIR STRATEGIES SOUTH PASADENA, CA 91031	IND	CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING HOLLY MITCHELL	2,500.00
JANAN BUSTAMI LAGUNA NIGUEL, CA 92677	SAL		559.29
SYDNEY CANNON CARSON, CA 90810	SAL		355.55
SYDNEY CANNON CARSON, CA 90810	SAL		808.06
* Payments that are contributions or independent expenditures must also be summ	narized on Schedule I	D. SUBTOTAL	\$ 11;222.90

Schedule E		SCHEDULE E (COM				
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2020	CALIFORNIA FORM 460			
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page <u>17</u> of <u>39</u>			
NAME OF FILER			I.D. NUMBER			
WORKING FAMILIES FOR HOLLY MITCHELL FOR COL	UNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	N	1421304			
CODES: If one of the following codes accur	rately describes the payment, you may enter the co	de. Otherwise, describe the paymer	nt.			
CMP ² campaign paraphernalia/misc. CNS ² campaign consultants CTB contribution (explain nonmonetary)*	MBR member communications MTG meetings and appearances OFC office expenses	RAD radio airtime and producti RFD returned contributions SAL campaign workers' salarie				

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

PRO professional services (legal, accounting)

PET petition circulating

PHO phone banks

PRT print ads

	tanpaign nonnere	
TEL	t.v. or cable airtime	and production costs

- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spons()r
- VOT voter registration
- 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 PAD
SYDNEY CANNON	SAL		646.45
CARSON, CA 90810			
ALLEGRA CISNEROS	SAL	ANNO AN	177.77
LOS ANGELES, CA 90008			
JILL C. COLLINS	SAL		355.54
LOS ANGELES, CA 90059			
JILL C. COLLINS	SAL		727.26
LOS ANGELES, CA 90059			
JILL C. COLLINS	SAL		646.45
LOS ANGELES, CA 90059			-
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.	SL	BTOTAL \$ 2,553.47

FPPC Form 46) (Jar 12016) FPPC Toll-Free Helpline: 866/ASK-FPPC (800/2015.3772) www.fppc. a.gov

CVC; civic donations

LEG legal defense

candidate filing/ballot fees

campaign literature and mailings

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

FIL

LIT

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded	ounts may be rounded Statement covers period		
	to whole dollars.	from07/01/2020	CALIFORNIA FORM 460	
		through 09/19/2020	Page 18 of 39	
NAME OF FILER			I.D. NUMBER	
WORKING FAMILIES FOR HOLLY MITCHELL FOR COL	INTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTIO	N	1421304	
CODES: If one of the following codes accur	ately describes the payment, you may enter the co	de. Otherwise, describe the paymen	nt.	

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		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
RAUL CORNEJO	SAL		161.51
LOS ANGELES, CA 90003			
STEPHANIE J. EVANS	SAL		355.55
LOS ANGELES, CA 90019			
STEPHANIE J. EVANS	SAL	and a subscription of the second	679.43
LOS ANGELES, CA 90019			
STEPHANIE J. EVANS	SAL		616.31
LOS ANGELES, CA 90019			
MARTEZE GILMORE	SAL		751.34
LOS ANGELES, CA 90021			
* Payments that are contributions or independent expenditures must also	be summarized on Schedule D.	SU	BTOTAL \$ 2,564.24

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page 19 of 39
NAME OF FILER			I.D. NUMBER
WCIRKING FAMILIES FOR HOLLY MITCHELL FOR COU	INTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	N	1421304
CODES: If one of the following codes accur	ately describes the payment, you may enter the c	ode. Otherwise, describe the paymer	nt.

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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAY	YMENT AMOLINT PAID
MARTEZE GILMORE	SAL	746.44
LOS ANGELES, CA 90021		
MARTEZE GILMORE LOS ANGELES, CA 90021	SAL	536.35
JOSE GONZALEZ	SAL	161.61
LCS ANGELES, CA 90001		
GRACIELA GUERRA-VARGAS	SAL	646.45
LOS ANGELES, CA 90018		
EDCJAR GUERRERO, JR.	SAL	145.45
LC)S ANGELES, CA 90001		
* Payments that are contributions or independent expenditures must also be	summarized on Schedule D.	SUBTOTAL \$ 2,236.30

=

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page 20 of 39
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COU	NTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTIC	DN	1421304
COIDES: If one of the following codes accur	ately describes the payment, you may enter the co	ode. Otherwise, describe the paymer	nt.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	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 CONMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RAVEN A. HALL	SAL		2.66
LOS ANGELES, CA 90249			
SHEMFTKA L. HELMS	SAL		27.40
TORRANCE, CA 90501			
SHEMFTKA L. HELMS	SAL		0.30
TORRANCE, CA 90501			
SHEMFTKA L. HELMS	SAL		759.57
TORRANCE, CA 90501			
SHEMFTKA L. HELMS	SAL		80.81
TORRANCE, CA 90501			
* Payments that are contributions or independent expenditures must also be su	Immarized on Schedule D.	SUBTOTAL \$	870.74

-

SCHEDULE E (CONT.) Schedule E Statement covers period (Continuation Sheet) CALIFORNIA Amounts may be rounded FORM to whole dollars. **Payments Made** 07/01/2020 from through 09/19/2020 Page 21 of 39 SEE INSTRUCTIONS ON REVERSE NAME OF FILER 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 CMP campaign paraphernalia/misc. MBR member communications RFD returned contributions

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MATTHEW D. HOM CERRITOS, CA 90703	SAL		728.91
DENISE JACKSON LOS ANGELES, CA 90003	SAL		597.96
DENISE JACKSON LOS ANGELES, CA 90003	SAL		646.45
HARMONY H. JACKSON INGLEWOOD, CA 90305	SAL		4.05
RAYMOND JAQUEZ LOS ANGELES, CA 90003	SAL		161.61
* Payments that are contributions or independent expenditures must also be su	ummarized on Schedule D.	SUE	TOTAL \$ 2,138.98

Schedule E			SCHEDULE E (CONT.)
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page of
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COL	INTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	I	1421304
CODES: If one of the following codes accur	ately describes the payment, you may enter the coo	de. Otherwise, describe the paymen	nt.
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	on costs

INIG	meeu	ya.	anu	appear
OFC	office	exi	pens	es

- FC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRO professional services (legal, ac PRT print ads
- VOT voter registration WEB information technology costs (internet, e-mail)

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

SAL campaign workers' salaries

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LA VOICE ACTION	OFC		5,660.58
LOS ANGELES, CA 90010			
JOSE MARTINEZ	SAL		161.61
LOS ANGELES, CA 90003			
NATALIE MARTINEZ	SAL		365.17
LYNWOOD, CA 90262			
NATALIE MARTINEZ	SAL		785.67
LYNWOOD, CA 90262			
NATALIE MARTINEZ	SAL		567.95
LYNWOOD, CA 90262			1
* Payments that are contributions or independent expenditures must also be s	summarized on Schedule D.	SU	BTOTAL \$ 7,540.98

CTB contribution (explain nonmonetary)*

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

FIL candidate filing/ballot fees

CVC civic donations

LEG legal defense

IND

LT

FND fundraising events

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	- Page 23 of 39
NAME OF FILER			I.D. NUMBER
	JNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTIO		1421304
	ately describes the payment, you may enter the co	RAD radio airtime and product	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MTG meetings and appearances OFC office expenses PET petition circulating	RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and p	ies

FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting

- LEG legal defense
- campaign literature and mailings LT

	PET	petition circulating	TEL	t.v. or cable airtime and production costs
	PHO	phone banks	TRC	candidate travel, lodging, and meals
	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
angespering same (s p s)		professional services (legal, accounting)	VOT	voter registration
	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 PA	YMENT AMOUNT PAID
MARVA DIAZ STRATEGIES	CNS	2,500.00
WEST SACRAMENTO, CA 95605		
TINA MCKINNOR	OFC	263.66
HAWTHORNE, CA 90250		
TINA MCKINNOR	OFC	726.51
HAWTHORNE, CA 90250		
SYLVIA MEZA	SAL	223.81
SOUTH GATE, CA 90280		and the second
SYLVIA MEZA	SAL	64.64
SOUTH GATE, CA 90280		

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

SUBTOTAL \$ 3,778.62

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page 24 of 39
NAME OF FILER		- Destruction -	I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COU	NTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTI	ON	1421304

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 maillings	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
DANA MOORE	SAL		323.22
INGLEWOOD, CA 90308			
CHARLOTTE NORTHERN	SAL		1,267.50
SAN PEDRO, CA 90732			
CHARLOTTE NORTHERN	SAL		1,548.03
SAN PEDRO, CA 90732			
CHARLOTTE NORTHERN	SAL		1,298.67
SAN PEDRO, CA 90732			
PARADISE BUILDING, LLC	OFC		1,250.00
LOS ANGELES, CA 90045			
* Payments that are contributions or independent expenditures must also b		CIID	TOTAL \$ 5,687.42

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	nuation Sheet) ents Made uctions on reverse		from0 through0	nt covers period 07/01/2020 09/19/2020	CALIFORN FORM	EDULE E (CONT.)
CODES: If one of the following codes accurately describe 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	Here a payment, MBR member cor MTG meetings an OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	you may enter the o mmunications nd appearances onses ulating	code. Otherwise, descr RAD radio a RFD return SAL campa TEL t.v. or TRC candio TRS staff/s ervices TSF transfe ting) VOT voter	ribe the payment airtime and productio ed contributions aign workers' salarie cable airtime and pro- late travel, lodging, a pouse travel, lodging er between committe registration ation technology cos	t. on costs s oduction costs ind meals g, and meals ies of the same c	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PA	YMENT	A	MOUNT PAID
PARADISE BUILDING. LLC LOS ANGELES, CA 90045		OFC				1,250.00
PAYROLL TAXES SACRAMENTO, CA 95826		SAL				1,033.8
PAYROLL TAXES SACRAMENTO, CA 95826		SAL				2,284.30
PAYROLL TAXES SACRAMENTO, CA 95826		SAL				3,365.19
KATHY PHILLIPS LONG BEACH, CA 90804		SAL				404.03
* Payments that are contributions or independent expenditures must als	so be summarized or	n Schedule D.		S	UBTOTAL \$	8,337.39

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISE	Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460 Page 26 of 39 I.D. NUMBER 1421304	
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone ban POL polling and POS postage, di	mmunications nd appearances enses culating	RAD radio airtime and productio RFD returned contributions SAL campaign workers' salarie: TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging vices TSF transfer between committe	n costs s oduction costs nd meals l, 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	
VIRIDIANA PRECIADO CERVANTES		SAL		159.86	
HUNTINGTON PARK, CA 90255					
VIRIDIANA PRECIADO CERVANTES		SAL		472.83	
HUNTINGTON PARK, CA 90255					
VIRIDIANA PRECIADO CERVANTES		SAL		516.06	
HUNTINGTON PARK, CA 90255					
THOMAS A. PRICHARD		SAL		4.05	
LOS ANGELES, CA 90062					
THOMAS A. PRICHARD		SAL		727.25	
LOS ANGELES, CA 90062					
* Payments that are contributions or independent expenditures must al	and the second			UBTOTAL \$ 1,880.05	

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO	to whole dollars.		Statement covers period from07/01/2020 through09/19/2020	CALIFORNIA 460 FORM 460 Page 27 of 39 I.D. NUMBER	
CODES: If one of the following codes accurately describe CMP campaign paraphemalia/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 LT campaign literature and mailings	es the payment, MBR member cor MTG meetings an OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	you may enter the code. mmunications nd appearances nses ulating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salarier TEL t.v. or cable airtime and pr TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	on costs roduction costs and meals g, and meals ees of the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
REED & DAVIDSON, LLP LOS ANGELES, CA 90071		PRO		3,695.75	
REED & DAVIDSON. LLP LOS ANGELES, CA 90071		PRO		1,731.18	
REED & DAVIDSON, LLP LOS ANGELES, CA 90071		PRO		2,582.02	
JOVANNY REYES-RAMOS LOS ANGELES, CA 90003		SAL		161.61	
BRITTANY RIVERA HUNTINGTON PARK, CA 90255		SAL		412.11	
* Payments that are contributions or independent expenditures must als	o be summarized or	Schedule D.	S	UBTOTAL \$ 8,582.67	

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO	to whole dollars. from07/01/2020 through09/19/2020			SCHEDULE E (CONT.) CALIFORNIA 460 Page 28 of 39 I.D. NUMBER 1421304
CODES: If one of the following codes accurately describes 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 LT campaign literature and mailings	MBR member com MTG meetings ar OFC office exper PET petition circu PHO phone bank POL polling and POS postage, de	nmunications Id appearances nses Jlating	RAD radio airtime and productio RFD returned contributions SAL campaign workers' salarie: TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	n costs 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
BRITTANY RIVERA HUNTINGTON PARK, CA 90255		SAL		234.34
LENA I RUVALCABA HUNTINGTON PARK, CA 90255		SAL		451.20
LENA I RUVALCABA HUNTINGTON PARK, CA 90255		SAL		508.85
ANDREA SLATER I VALLEJO, CA 94590		SAL		1,821.12
JABBAR L. STROUD LOS ANGELES, CA 90008		SAL		355.54
* Payments that are contributions or independent expenditures must also	o be summarized on	Schedule D.	SI	JBTOTAL \$ 3,371.05

Schedule E		SCHEDULE E (CON						
(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from07/01/2020	CALIFORNIA FORM 460					
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page 29 of 39					
NAME OF FILER			I.D. NUMBER					
WORKING FAMILIES FOR HOLLY MITCHELL FOR COL	UNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION		1421304					
CODES: If one of the following codes accur	rately describes the payment, you may enter the cod	e. Otherwise, describe the paymer	nt.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and producti	ion costs					
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions						
CTB contribution (explain nonmonetary)* CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salari TEL t.v. or cable airtime and p						

POS postage, delivery and messenger services

professional services (legal, accounting)

PHO phone banks

PRT print ads

PRO

POL polling and survey research

FIL candidate filing/ballot fees

FND fundraising events

- independent expenditure supporting/opposing others (explain)* ND
- LEG legal defense
- campaign literature and mailings ш

TRC 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
JABBAR L. STROUD LOS ANGELES, CA 90008	SAL		727.26
JABBAR L. STROUD LOS ANGELES, CA 90008	SAL		646.45
KAMRYN A. TATE LONG BEACH, CA 90805	SAL		323.22
RICKEY K. TAYLOR LOS ANGELES, CA 90037	SAL		3.83
TELL THAT STORY INC. SOUTH PASADENA, CA 91031	IND	ONLINE ADS SUPPORTING HOLLY MITCHELL	5,200.00
* Payments that are contributions or independent expenditures must also be s	ummarized on Schedule E). SUBI	FOTAL \$ 6,900.76

Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2020	CALIFORNIA FORM 460
	through09/19/2020	Page 30 of 39
		I.D. NUMBER
NTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	ON	1421304
	to whole dollars.	to whole dollars. from07/01/2020

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

CMF	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 nonmonestary)*	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
		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	AMO INT PAID
TELL THAT STORY INC. SOUTH PASADENA, CA 91031	IND	CONSULTING FOR INDEPENDENT EXPENDITURES SUPPORTING HOLLY MITCHELL	2,500.00
TELL THAT STORY INC. SOUTH PASADENA, CA 91031	IND	PHONE CALLS SUPPORTING HOLLY MITCHELL	2,759.86
TELL THAT STORY INC. SOUTH PASADENA, CA 91031	IND	TELEPHONE CALLS SUPPORTING HOLLY MITCHELL	2,999.85
TELL THAT STORY INC. SOUTH PASADENA, CA 91031	IND	TELEPHONE CALLS SUPPORTING HOLLY MITCHELLA	2,999.85
TELL THAT STORY INC. SOUTH PASADENA, CA 91031	РНО		796.00
* Payments that are contributions or independent expenditures must also be su		D. SUBTOTAL	\$ 12,055.50

Schedule E (Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2020	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through 09/19/2020	Page 31 of 39
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNT	Y SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION	N	1421304

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
CV/C	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
TULCHIN RESEARCH SAN FRANCISCO, CA 94104	IND	POLLING FOR INDEPENDENT EXPENDITURES SUPPORTING HO MITCHELL	LLY 20,000.00
CAROL TURNER LONG BEACH, CA 90813	SAL		323.22
L'TOYA D. WHEELER LONG BEACH, CA 90805	SAL		8.30
L'TOYA D. WHEELER LONG BEACH, CA 90805	SAL		1,154.84
L'TOYA D. WHEELER LONG BEACH, CA 90805	OFC		186.96
* Payments that are contributions or independent expenditures must also be s	ummarized on Schedule	D. SUBTOT.	AL\$ 21,673.32

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO	Amounts may be rounded to whole dollars. 2020, SPONSORED BY LA VOICE ACTION					Statement covers period from 07/01/2020 through 09/19/2020			A 460
CODES: If one of the following codes accurately describes 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	member com meetings ar office exper petition circu phone bank polling and postage, de	amunication d appearances lating survey res livery and	ns nces	vices	RAD RFD SAL TEL TRC TSF VOT	describe the paradio airtime and p returned contributi campaign workers t.v. or cable airtime candidate travel, lo staff/spouse travel transfer between ov voter registration information technol	production cost ions a salaries e and production odging, and me , lodging, and committees of	on costs eals meals the same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION	N OF PAYMENT		A	OUNT PAID
L'TOYA D. WHEELER		SAL							1,410.42
LONG BEACH, CA 90805									
L'TOYA D. WHEELER	 	SAL							1,183.23
LONG BEACH, CA 90805		1.000			,				
L'TOYA D. WHEELER		OFC							99.17
LONG BEACH, CA 90805									
NATLAH WHTTE	 	SAL						-	452.51
LOS ANGELES, CA 90001			-						
DARNETTA D. YOUNGBLOOD	 	SAL					-		355.55
TORRANCE, CA 90501									
						-	-		

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

SUBTOTAL \$ 3,500.88

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSOI			ollars.	DICE ACTIO		Statement covers period from 07/01/2020 through 09/19/2020			CALIFORNIA 460 FORM 460 Page 33 of 39 I.D. NUMBER 1421304		
CODES: If one of the following codes accurately describe 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 LT campaign literature and mailings	MBR MTG OFC PET PHO	member com meetings an office exper petition circu phone banks polling and postage, de	nmunications d appearance ises ilating	s ch ssenger serv	rices	RAD radi RFD retu SAL cam TEL t.v. TRC can TRS staff TSF tran VOT vote	o airtime and produc imed contributions ipaign workers' sala or cable airtime and didate travel, lodging f/spouse travel, lodging	tion costs ries production cost , and meals ing, and meals ittees of the sam	me candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	DR	DESCR	IPTION OF	PAYMENT		AMOUNT PAID		
DARNETTA D. YOUNGBLOOD TORRANCE, CA 90501			SAL						808.06		
DARNETTA D. YOUNGBLOOD TORRANCE, CA 90501			SAL						581.81		
WAFAA A. ZEKERIA GARDEN GROVE, CA 92841			SAL						580.90		

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

SUBTOTAL \$ 1,970.77

					SCHEDULE	
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	led	Statement covers	FO	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE			through 09/19/20	Page	34 of 39	
NAME OF FILER				I.D. NUM	BER	
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVIS	OR 2020, SPONSORED BY LA	VOICE ACTION		142130	04	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	Design payment, you may MBR member communication MTG meetings and appearand OFC office expenses PET petition circulating PHO phone banks POL polling and survey ress POS postage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services	RAD radio airtime and RFD returned contribu SAL campaign worke TEL t.v. or cable airtin TRC candidate travel, TRS staff/spouse trave	production costs utions rs' salaries ne and production costs lodging, and meals el, lodging, and meals committees of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO 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	PRO	3,695.75	0.00	3,695.75	0.0	
LOS ANGELES, CA 900/1						
REED & DAVIDSON, LLP	PRO	0.00	5,089.83	0.00	5,089.8	
LOS ANGELES, CA 90071						
BT STRATEGIES	TEL	0.00	20,000.00	0.00	20,000.0	
SOUTH PASADENA, CA 91031						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	3 ,695.75 \$	25,089.83\$	3,695.75\$	25,089.83	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized 2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) sul accrued expenses under \$ nedule F, Column (c) subtot payments on accrued expe	btotals for \$100.) tals for payments on enses under \$100.).	INCUR	RED TOTALS \$	25,089.3 25,089.83 3,695.75	
3. Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)				NET \$	21,394.08 ay be a negative number	

Schedule G Payments Made by an Agent or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Contractor (on Behalf of This Committee)	to whole dollars.	from 07/01/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	- Page 35 of 39
NAME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVIS	OR 2020, SPONSORED BY LA VOICE ACTION		1421304
ET STRATEGIES CODES: If one of the following codes accurately describ	es the payment, you may enter the code	e. Otherwise, describe the payme	ent.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pr	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger service		ees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	

WEB information technology costs (internet, e-mail)

- LEG legal defense
- LIT campaign literature and mailings
- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

PRT

print ads

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 2,500.00 AMERICAN INDIGENOUS MEDIA TEL MONTEREY PARK, CA 91755 ALEXANDRA BORRELLI 2,500.00 LIT ASTORIA, NY 11103 TEL 20,000.00 HULU SANTA MONICA, CA 90404

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 25,000.00

* 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.

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

Schedule G			SCHEDULE G			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.	fro	Statement covers period m07/01/2020	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE				ough 09/19/2020	- Page 36 of 39	
NAME OF FILER					I.D. NUMBER	
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVIS	OR 202	0. SPONSORED BY LA VOICE ACTION			1421304	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
NAME OF AGENT OR INDEPENDENT CONTRACTOR			Otherwis	e, describe the payme	nt.	
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ				e, describe the payme radio airtime and production		
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc.	es the	payment, you may enter the code. O				
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants	es the MBR	payment, you may enter the code. O member communications	RAD	radio airtime and production returned contributions campaign workers' salaries	n costs s	
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	es the MBR MTG OFC PET	payment, you may enter the code. O member communications meetings and appearances office expenses petition circulating	RAD RFD SAL TEL	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro	n costs s oduction costs	
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	es the MBR MTG OFC PET PHO	payment, you may enter the code. O member communications meetings and appearances office expenses petition circulating phone banks	RAD RFD SAL TEL TRC	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, and	n costs s oduction costs nd meals	
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	es the MBR MTG OFC PET PHO POL	payment, you may enter the code. O member communications meetings and appearances office expenses petition circulating phone banks polling and survey research	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, au staff/spouse travel, lodging	n costs s oduction costs nd meals , and meals	
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ 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)*	es the MBR MTG OFC PET PHO POL POS	payment, you may enter the code. C member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services	RAD RFD SAL TEL TRC TRS TSF	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, au staff/spouse travel, lodging transfer between committee	n costs s oduction costs nd meals	
NAME OF AGENT OR INDEPENDENT CONTRACTOR TINA MCKINNOR CODES: If one of the following codes accurately describ OMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	es the MBR MTG OFC PET PHO POL	payment, you may enter the code. O member communications meetings and appearances office expenses petition circulating phone banks polling and survey research	RAD RFD SAL TEL TRC TRS	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, ai staff/spouse travel, lodging transfer between committee voter registration	n costs s oduction costs nd meals , and meals es of the same candidate/sponsor	

CRICKET WIRELESS OFC	615.94
LOS ANGELES, CA 90020	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 615.94

* 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.

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

=

Schedule G			SCHEDULE			
Payments Made by an Agent or Indep Contractor (on Behalf of This Commi		Statement covers period from 07/01/2020	CALIFORNIA FORM 460			
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page 37 of 39			
NAME OF FILER			I.D. NUMBER			
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNT	Y SUPERVISOR 2020, SPONSORED BY LA VOICE A	CTION	1421304			
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
CODES: If one of the following codes accurate	ely describes the payment, you may enter th	e code. Otherwise, describe the paym	ent.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and product	ion costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salari				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and p				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging,				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodgir	ng, and meals			

postage, delivery and messenger services

professional services (legal, accounting)

TSF

VOT voter registration

POS

PRO

PRT

print ads

- FND fundraising events
- independent expenditure supporting/opposing others (explain)* ND
- LEG legal defense
- ш campaign literature and mailings

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

NAME AND ADDRESS OF PAYEE OR CREDITOR OR DESCRIPTION OF PAYMENT AMOUNT PAID CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 4,700.00 FACEBOOK WEB MENLO PARK, CA 94025 2,759.86 PHONEBURNER, INC. PHO LAGUNA BEACH, CA 92651 2,999.85 PHONEBURNER, INC. PHO LAGUNA BEACH, CA 92651 2,999.85 PHONEBURNER, INC. PHO LAGUNA BEACH, CA 92651

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 13,459.56

* 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.

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

transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

Schedule G (Continuation Sheet)			SCHEDULE G (CONT.			
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.	fro	Statement covers period m07/01/2020	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE			through 09/19/2020		- Page 38 of 39	
NAME OF FILER			-	PLOVAL P	I.D. NUMBER	
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVI	SOR 202	0, SPONSORED BY LA VOICE ACTION			1421304	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
TELL THAT STORY INC.						
CODES: If one of the following codes accurately describ	bes the	payment, you may enter the code. O	Otherwis	e, describe the paymer	nt.	
CMP campaign paraphernalia/misc.	MBR	member communications		radio airtime and production	costs	
CNS campaign consultants	MTG		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 pro-		
FIL candidate filing/ballot fees	PHO	phone banks	TRC			
FND fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging,		
IND independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committee	es of the same candidate/sponsor	

professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

- LEG legal defense
- LIT campaign literature and mailings

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

PRO

PRT

print ads

 NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTER LD. NUMBER)
 CODE
 OR
 DESCRIPTION OF PAYMENT
 AMOUNT PAID

 PHONEBURNER, INC.
 PHO
 796.00
 796.00

 LAGUNA BEACH, CA 92651
 PHO
 796.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 796.00

* 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.

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

Schedule I Miscellaneous Increases to Cash Amounts may be rounded to whole dollars. Statement covers period CALIFORNIA from	⁴ 460
SEE INSTRUCTIONS ON REVErse I.D. NUMBER NAME OF FILER I.D. NUMBER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION 1421304 DATE RECEIVED FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF RECEIPT	
NAME OF FILER I.D. NUMBER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION 1421304 DATE RECEIVED FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF RECEIPT	of
DATE RECEIVED FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF RECEIPT AMOUN INCREASE	
RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) DESCRIPTION OF RECEIPT INCREASE	
07/01/2020 TELL THAT STORY INC. VOIDED CHECK	15,000.00
SOUTH PASADENA, CA 91031	
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$	15,000.00
Schedule I Summary	
1. Itemized increases to cash this period	
2. Unitemized increases to cash of under \$100 this period. 53.67	
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$	
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	460 (Jan/2016

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