Recipient Committee Campaign Statement Cover Page (Government Code Sections 842	200-84216.5)	S from throu	02/16/2020 06/30/2020	Date of election if applicable: (Month, Day, Year)	Date Stamp RECEIVI LOS ANGELE 2070 SEP. 28 9 124 (2020 PROPOSITIO	S COU	For Official Use Only
1. Type of Recipient Col Officeholder, Candidate Col State Candidate Elect Recall (Also Complete Part 5) General Purpose Commit Sponsored Small Contributor Con Political Party/Central	Controlled Committee ion Committee	Primarily Committe Contr Spon (Also Compi	Formed Ballot Measure selected by the Part 6) Formed Candidate/ der Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 1) Amendment (Explain by ADDING SUBVENDOR PAY	Termination) pelow)	Suppleme	Statement dd-Year Report ntal Preelection - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDID WORKING FAMILIES FOR SPONSORED BY LA VOICE STREET ADDRESS (NO P.O. BO	DATE'S NAME IF NO COM HOLLY MITCHELL FO E ACTION		4	Treasurer(s) NAME OF TREASURER NATHAN HARDY MAILING ADDRESS CITY	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP CODE	AREA CODE/PHONE	LOS ANGELES NAME OF ASSISTANT TREASU	CA RER, IF ANY	90071	(213)624-6200
LOS ANGELES	CA	90071	(213) 624-6200	MICHAEL FARR			
MAILING ADDRESS (IF DIFFER			(0.00)	MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY LOS ANGELES	STATE CA	ZIP CODE 90071	AREA CODE/PHONE (213) 624-6200
OPTIONAL: FAX / E-MAIL ADD (213) 623-1692 / natha		m		OPTIONAL: FAX / E-MAIL ADD	RESS		
under penalty of perjury under			e foregoing is true and correct.	Signature of Treasurer or Assistant	t Treasurer		true and complete. I certify

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www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	RPAG	E-PAL	T2
	ORNI ORM	A 2	160	0
Page _	2	of_	42	

Officeholder or Candidate Controlled Committee			Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, ca	andidate, or st	tate measure p	roponent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Included in this not included in this statement that are controlled by y contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	. Primarily Formed Car officeholder(s) or candidate				
COMMITTEE ADDRESS STREET ADDRESS (NO P.C	D. BOX)		NAME OF OFFICEHOLDER OR HOLLY J. MITCHELL	CANDIDATE	County Su	GHT OR HELD pervisor LES COUNTY,	SUPPORT □ OPPOSE
CITY STATE Z	P CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPE OSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.C.	D. BOX) IP CODE AREA CODE/PHONE		Att	ach continuat	tion sheets if	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER 1421304 WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 177,100.00 263,100.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 20. Contributions 177,100.00 263,100,00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received Nonmonetary Contributions Schedule C. Line 3 0.00 404.00 21. Expenditures Made TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 177, 100.00 263,504.00 Expenditures Made **Expenditure Limit Summary for State** Candidates \$ 417,104.27 0.00 22. Cumulative Expenditures Made* 224,902.00 417,104.27 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 3,695.75 -40,167,27 Date of Election Total to bate (mm/dd/yy) 404.00 421,204.02 Current Cash Statement 115,209.19 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ____ To calculate Column B, add amounts in Column A to the 177,100,00 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 224,902.00 15. Cash Payments Column A, Line 8 above Column A may be negative 67,407.19 figures that should be 16. 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 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 3,695.75 FPPC Form 460 (Jar/2016)

FPPC Form 460 (Jar/2016)

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...ww.fppc.ca.gov

Schedule Monetary	A Contributions Received	ntributions Received Amounts may be rounded to whole dollars.		Statement coverage from 02/16/2		CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through 06/30/2	020 F	Page4 of42	
NAME OF FILER					1.	D. NUMBER	
WORKING FAM	ILLIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 20	20, SPONSORE	D BY LA VOICE ACTION		1	421304	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMUTEE, 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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TODATE	
04/17/2020	DAVID HAAKE CULVER CITY, CA 90230	⊠IND □COM □OTH □PTY □SCC	PHYSICIAN VA GREATER LOS ANGELES HEALTHCARE SYSTEM	100.00	100	.00	
04/09/2020	LAWRENCE E. HESS SAN DIEGO, CA 92120	IND COM OTH PTY SCC	RETIRED	10,000.00	10,000	.00	
03/04/2020	SUSAN PRITZKER SAN FRANCISCO, CA 94129	⊠IND □COM □OTH □PTY □SCC	RETIRED	20,000.00	20,000	.00	
02/26/2020	ILENE RESNICK LOS ANGELES, CA 90064	SIND COM OTH PTY SCC	RETIRED	5,000.00	5,000	.00	
02/25/2020	WILLIAM RESNICK LOS ANGELES, CA 90064	IND COM OTH PTY SCC	RETIRED	25,000.00	25,000	.00	
			SUBTOTAL	.\$ 60,100.00			
1. Amount re (Include a	A Summary eceived this period - itemized monetary contributions. all Schedule A subtotals.)				IND-Ind	utor Codes dividual Recipient Commitee other than PTY or SCC) Other (e.g., pusit roce writhy)	
	eceived this period – unitemized monetary contribution tetary contributions ecceived this period.	s of less than	\$100 \$	0.00	PTY-P	olitical Party mail Contributor Complitte e	

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177,100.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEQUEA (CONT.)

Statement covers period

from 02/16/2020

CALIFORNIA FORM 460

through 06/30/2020

Page 5 of 42

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, 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 RESQUIRED)
02/18/2020	KATRINA SCHAFFER OAKLAND, CA 94609	IND COM OTH PTY SCC	NONE	32,000.00	32,000.00	
02/25/2020	MICHAEL STUBBS LOS ANGELES, CA 90064	⊠IND □COM □OTH □PTY □SCC	RETIRED	25,000.00	25,000.00	
02/25/2020	TIDES ADVOCACY SAN FRANCISCO, CA 94129	□IND □COM ⊠OTH □PTY □SCC		50,000.00	50,000.00	
06/17/2020	THERESE TUCKER WEST HILLS, CA 91307	IND □ COM □ OTH □ PTY □ SCC	MANAGEMENT BLACKLINE	10,000.00	10,000.00	
		□IND □COM □OTH □PTY □SCC				
,,,			SUBTOTALS	117,000.00		

*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

Schedul Nonmoi	le C netary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers		CALIFO	
SEE INSTRUC	TIONS ON REVERSE				through06/30/2	020	Page	6 of 42
NAME OF FILE							I.D. NUMBE	ER
WORKING FA	AMILIES FOR HOLLY MITCHELL FOR COUNTY ST	JPERVISOR 2020	, 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)	DESCRIPTION OF GOODS OR SERVICE		CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
06/30/2020	LA VOICE ACTION LOS ANGELES, CA 90010	□IND □COM ☑OTH □PTY □SCC		ADMINISTRATIVE SERVICES: \$1,250.00	0.0	00	404.00	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM						

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.)

 Amount received this period – unitemized nonmonetary contributions of less than \$100

 Total nonmonetary contributions received this period.

□PTY □SCC

*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

0.00

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

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Through ____

1421304

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)	PER ELECTION TO DATE (IF REQUIRED)
02/16/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS	6,075.00	294,625.90	
02/16/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CONSULTING FOR ONLINE ADS, MATLERS AND TELEPHONE CALLS	5,000.00	294,625.90	
02/16/2020	X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 2/16/20-3/3/20	32,004.13	294,625.90	
			SUBTOTAL \$	43,079.13		

Schiedule D Sullilliai y	Sch	edul	e D S	Summary
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1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	è	161,373.21
2. Unitemized contributions and independent expenditures made this period of under \$100	š	0.00

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

Amounts may be rounded to whole dollars.

\$\$\text{SCHEDULED(CONT.)}\$\$ \$\text{SCHEDULED(CONT.)}\$\$ \$\text{CALIFORNIA FORM 460}\$\$ \$\text{through 06/30/2020}\$\$ \$\text{Page 8 of 42}\$\$ \$\text{LD.NUMBER}\$\$

	through 06/30/2020	Page8 of42
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	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
02/18/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	MAILER	23,863.02	294,625.90	
02/19/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 2/19/20-2/25/20	15,000.00	294,625.90	
02/20/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2	Monetary Contribution Nonmonetary Contribution Independent Expenditure	ONLINE ADS	15,000.00	294,625.90	
02/23/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TEXT MESSAGES	6,697.83	294,625.90	
			SUBTOTAL \$	60,560.85		

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

from 02/16/2020

CALIFORNIA 460

FORM

				through 08/30/20	Page	9 of 42
NAME OF FILER WORKING FAM	ILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISO	or 2020, sponsored	BY LA VOICE ACTION		I.D. NU	
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)
02/26/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	RADIO ADS	2,950.00	294,625.9	0
02/26/2020	X Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	MAILER	24,946.11	294,625.9	0
02/26/2020	HOLLY J. MITCHELL County Supervisor LOS ANGELES COUNTY, #2 [X] Support	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TELEPHONE CALLS FOR THE PERIOD 2/26/20-3/3/20	15,000.00	294,625.9	0

ONLINE ADS

Contribution

Nonmonetary
Contribution

Independent
Expenditure

SUBTOTAL \$ 52,896.11

10,000.00

02/27/2020

HOLLY J. MITCHELL

County Supervisor LOS ANGELES COUNTY, #2

X Support

Oppose

294,625.90

Schedule D (Continuation Sheet) SCHEDULE (D (CONT.) **Summary of Expenditures** Amounts may be rounded Statement covers period CALIFORNIA to whole dollars. Supporting/Opposing Other **FORM** 02/16/2020 from Candidates, Measures and Committees 06/30/2020 through_ Page 10 of 42 NAME OF FILER I.D. NUMBER WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTION 1421304 CUMULATIVE TO DATE PER ELECTION NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DESCRIPTION DATE TYPE OF PAYMENT AMOUNT THIS CALENDAR YEAR TO DATE MEASURE NUMBER OR LETTER AND JURISDICTION, (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OR COMMITTEE 03/02/2020 HOLLY J. MITCHELL TEXT MESSAGES 837.12 294,625.90 ■ Monetary County Supervisor LOS ANGELES COUNTY, #2 Contribution □ Nonmonetary Contribution Independent **Expenditure** X Support ☐ Oppose 03/02/2020 HOLLY J. MITCHELL RADIO ADS 1,500.00 294,625.90 Monetary County Supervisor Contribution LOS ANGELES COUNTY, #2 Nonmonetary Contribution X Independent Expenditure X Support Oppose 03/02/2020 HOLLY J. MITCHELL ONLINE ADS 2,500.00 294,625.90 ■ Monetary County Supervisor Contribution LOS ANGELES COUNTY, #2 Nonmonetary Contribution X Independent X Support ☐ Oppose Expenditure ■ Monetary Contribution

> Nonmonetary ContributionIndependent

> > Expenditure

SUBTOTAL \$

4,837.12

☐ Support

□ Oppose

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 160
from	02/16/2020	FORM 460
through _	06/30/2020	Page11 of42
		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. CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating PET 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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor ND professional services (legal, accounting) LEG legal defense 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 IBTIHAJ ABDULLAH SAL 491.76 WALNUT, CA 91789 IBTIHAJ ABDULLAH SAL 676.18 WALNUT, CA 91789 ANEDOT OFC 4.30 NEW ORLEANS, LA 70112 Payments that are contributions or Independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 1,172.24 Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 224,902.00 2. Unitemized payments made this period of under \$100\$ ____ 0.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL \$

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 | FORM | 460 | CALIFORNIA | FORM | 460 | CALIFORNIA | FORM |

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		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 DESCRI	PTION OF PAYMENT AMOUNT PAID
ANEDOT	OFC	400.30
NEW ORLEANS, LA 70112		
AUTOMATIC DATA PROCESSING .	OFC	130.95
LA PALMA, CA 90623		
AUTOMATIC DATA PROCESSING	OFC	216.95
LA PALMA, CA 90623		
AUTOMATIC DATA PROCESSING	OFC	2.69
LA PALMA, CA 90623		
AUTOMATIC DATA PROCESSING	OFC	174.38
LA PALMA, CA 90623		
* Payments that are contributions or independent expenditures must also be sur	- Colorida D	SUBTOTAL \$ 925.27

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

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA AGO
from 02/16/2020	FORM 400
through 06/30/2020	Page 13 of 42
	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. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)* office expenses OFC SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs 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 independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services ND TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration print ads campaign literature and mailings PRT 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		1.10
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		1.10
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		346.40
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		209.90
LA PALMA, CA 90623			
AUTOMATIC DATA PROCESSING	OFC		75.00
LA PALMA, CA 90623			
* Payments that are contributions or independent expenditures must also be s			IRTOTAL \$ 633 50

Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 633.5

Amounts may be rounded to whole dollars.

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

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA **FORM** 02/16/2020 from through 06/30/2020 Page 14 of 42 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTS contribution (explain nonmonetary)* cvc civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		member communication meetings and appear office expenses petition circulating phone banks polling and survey repostage, delivery and professional services print ads	ances search I messenger services	RAD RFD SAL TEL TRC TRS TSF VOT WEB	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 over registration	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOU _V T F'AID
AUTOMATIC DATA PROCESSING		OFC				15.00
LA PALMA, CA 90623						
AUTOMATIC DATA PROCESSING		OFC				75.00
LA PALMA, CA 90623						
AUTOMATIC DATA PROCESSING		OFC				15.00
LA PALMA, CA 90623						
SHIANEKA BROWN		SAL				548.47
LOS ANGELES, CA 90008						
SHANEKA BROWN		SAL				616.08
LOS ANGELES, CA 90008						
* Payments that are contributions or independent expenditures must a	lso be su	mmarized on Schedu	e D.		SUBTOTAL \$	1,269.55

CMP campaign paraphemalia/misc.

CNS campaign consultaints

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

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

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA FORM** 02/16/2020 from

through 06/30/2020

FFD returned contributions

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. NUMBER

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

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

1421304

CTE) contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense OFC office expection of petition of phone by policy and policy are petition of phone by policy are postage, profession of professio		polling and survey postage, delivery	g ey rese y and n		campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/spons voter registration WEB information technology cost; (ir/lternet, e-mail)			
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		C	ODE	OR	DESCRIPTIO	N OF PAYMENT	AMO UNT PAID
	NE S. BRUCE BEACH, CA 90813			SAL				623.36
	NE S. BRUCE BEACH, CA 90813			SAL				914.26
	TRATEGIES H PASADENA, CA 91031			CNS				5,000.00
	TRATEGIES H PASADENA, CA 91031			LIT				23,863.02
1	TRATEGIES H PASADENA, CA 91031			IND	MAILER SUPPOR	RTING HOLL	Y MITCHELL	24,946.11

SUBTOTAL \$

55,346.75

Amounts may be rounded to whole dollars.

CALIFORNIA 460 Statement covers period FORM 02/16/2020 from. through 06/30/2020 Page 16 of 42 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 descri	ribes 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		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
BT STRATEGIES	IND	ONLINE ADS AND RADIO ADS SUPPORTING HOLLY MITCHELL	4,000.00
SOUTH PASADENA, CA 91031			
BT STRATEGIES	CNS		2,500.00
SOUTH PASADENA, CA 91031			
SYDNEY CANNON	SAL		498.69
CARSON, CA 90810			
SYDNEY CANNON	SAL		914.26
CARSON, CA 90810			
JILL C. COLLINS	SAL		623.36
LOS ANGELES, CA 90059			
* Payments that are contributions or independent expenditures must also be s		SUBTOTAL	\$ 8,536.31

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

Amounts may be rounded to whole dollars.

MBR member communications

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

SCHEDULE E (CONT.) Statement covers period CALIFORNIA **FORM** 02/16/2020 from. through 06/30/2020

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

NAME OF FILER

I.D. NUMBER

Page 17 of 42

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

IND independent expenditure supporting/opposing others (explain)* POS postage,	inks nd survey research delivery and messenger se anal services (legal, account		neals of meals of the same candidate/sportsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMO UNT PAID
JILL C. COLLINS LOS ANGELES, CA 90059	SAL		914.27
COURAGE CALIFORNIA STATE PAC (ID# 1367190) LOS ANGELES, CA 90046	OFC		3,000.00
DAVONTI D. DUPREE LOS ANGELES, CA 90005	SAL		554.10
DAVONTI D. DUPREE LOS ANGELES, CA 90005	SAL		803.45
STEPHANIE J. EVANS LOS ANGELES, CA 90019	SAL		536.16
* Payments that are contributions or independent expenditures must also be summarized	on Schedule D.	SUB	TOTAL \$ 5,80 7.98

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Stater	nent covers period	CALIFORNIA 160
from	02/16/2020	FORM 40U
through_	06/30/2020	Page 18 of 42
		I.D. NUMBER

NAME OF FILER

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

CNS campaign consultants MTG CTB contribution (explain nonmonetary)* CVC civic donations PET FIL candidate filing/ballot fees PHO fundraising events POL IND independent expenditure supporting/opposing others (explain)* LEG legal defense PRO	member communication meetings and appears office expenses petition circulating phone banks polling and survey respostage, delivery and	ns ances search messenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and productions TRC candidate travel, lodging, an staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
STEPHANIE J. EVANS LOS ANGELES, CA 90019	SAL			845.80
ATRA FLEMONS LOS ANGELES, CA 90019	SAL			62.33
ATRA FLEMONS LOS ANGELES, CA 90019	SAL			200.87
JUDAH GRIFFIN GARDENA, CA 90249	SAL			536.16
JUDAH GRIFFIN GARDENA, CA 90249	SAL			360.16
* Payments that are contributions or independent expenditures must also be su	ımmarized on Schedule	D.	SL	JBTOTAL \$ 2,005.32

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIF	ORNIA	460
from	02/16/2020	FO	RM	400
through_	06/30/2020	Page _	19	of42
		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

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CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense MTG me OFC off PET pe PHO ph PhO ph POL po PRO pro	yment, you may ember communication eetings and appearantice expenses etition circulating none banks olling and survey reseastage, delivery and ofessional services (int ads	ns nces earch messenger ser	RAD RFD SAL TEL TRC TRS rvices TSF ing) VOT	describe the payment. radio airtime and production coretumed contributions campaign workers' salaries t.v. or cable airtime and product candidate travel, lodging, and restaff/spouse travel, lodging, and transfer between committees of voter registration information technology costs (in	ction costs neals id meals of the same candi	date/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION	OF PAYMENT	AMOU	UNT PAID
AISHAH H. HASAN	SAL					391.34
LOS ANGELES, CA 90002						
AISHAH H. HASAN	SAL					374.02
LOS ANGELES, CA 90002						
MATTHEW D. HOM	SAL					962.01
CERRITOS, CA 90/03						
MATTHEW D. HOM	SAL					1,260.64
CERRITOS, CA 90703						
HEAVEN HUNTSMAN	SAL					484.84
LOS ANGELES, CA 90016						
* Payments that are contributions or independent expenditures must also be summ	narized on Schedule	D.		SUB	TOTAL \$	3,472.85

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIF	CALIFORNIA 46			
from	02/16/2020	FO	RM	400		
through_	06/30/2020	Page _	20	of <u>42</u>		
		I.D. NUM	BER			
		14213	04			

NAME OF FILER

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

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

	Total in one of the following total or the first terms of the first te		, , , , , , , , , , , , , , , , , , , ,		
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
	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 canddate/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-rrail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HEAVEN HUNTSMAN	SAL		845.96
LOS ANGELES, CA 90016			
DENISE JACKSON	SAL		484.84
LOS ANGELES, CA 90003			
DENISE JACKSON	SAL		761.39
LOS ANGELES, CA 90003			
HARMONY H. JACKSON	SAL		554.10
INGLEWOOD, CA 90305			
HARMONY H. JACKSON	SAL		872.71
INGLEWOOD, CA 90305			
* Payments that are contributions or independent expenditures must also be s	ummarized on Schedule D	SUI	3 519 .50

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

Schedule E (Continuation Payments M

SCHEDULE E (CONT.)

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from 02/16/2020	FORM 460
EE INSTRUCTIONS ON REVERSE		through06/30/2020	Page21 of42
AME OF FILER			I.D. NUMBER
WORKING FAMILIES FOR HOLLY MITCHELL FOR COU	NTY SUPERVISOR 2020, SPONSORED BY LA VOICE ACTI	ON	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
CIB	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)*		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
HALEY JONES	SAL		166.23
ORANGE, CA 92868			
HALEY JONES	SAL		152.38
ORANGE, CA 92868			
LA VOICE ACTION	OFC		530.00
LOS ANGELES, CA 90010			
LA VOICE ACTION	SAL		2,381.24
LOS ANGELES, CA 90010			
SHANESE J. LEON	SAL		193.94
LOS ANGELES, CA 90047			
* Payments that are contributions or independent expenditures must also be s		SUBTO	TAL \$ 3,423.79

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA 460
from	02/16/2020	FORM 400
through_	06/30/2020	Page 22 of 42
		LO NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CNS campaign consultants MTG me CTI3 contribution (explain nonmonetary)* OFC off CVC civic donations PET pe FIL candidate filing/ballot fees PHO ph FND fundraising events POL po IND independent expenditure supporting/opposing others (explain)* POS po LEG legal defense PRO pro	ment, you may mber communication etings and appeara ice expenses ition circulating one banks ling and survey restage, delivery and if essional services at ads	ns nces earch messenger servio	RAD RFD SAL TEL TRC TRS ces TSF	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, an staff/spouse travel, lodging, transfer between committees voter registration	costs duction costs d meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
CHAD MARSHALL LONG BEACH, CA 90806	SAL				346.31
CHAD MARSHALL LONG BEACH, CA 90806	SAL				803.45
TINA MCKINNOR HAWIHORNE, CA 90250 .	OFC				613.89

TINA MCKINNOR OFC 543.71 HAWTHORNE, CA 90250 1,622.32 TINA MCKINNOR OFC

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

SUBTOTAL \$

3,929.68

HAWTHORNE, CA 90250

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	de

Amounts may be rounded to whole dollars.

			\$CHE	DULE E (CONT.
Staten	nent covers period	CALIF		A 460
from	02/16/2020	FO	RM	700
through_	06/30/2020	Page _	23	of 42
		I.D. NUM	BER	

CODES: If one of the following codes accurately describes campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LE:G legal defense campaign literature and mailings	MBR member com meetings and OFC office expen petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ses lating	RAD radio airtime and product returned contributions SAL campaign workers' salate. t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodgervices TSF transfer between communications.	ction costs aries production costs g, and meals ing, and meals ittees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TINA MCKINNOR HAWTHORNE, CA 90250		OFC		149.90
KESHEY MITCHELL LC)S ANGELES, CA 90047		SAL		415.57
SYEIOHN J. MORRIS LOS ANGELES, CA 90047	,	SAL		512.54
SYEIOHN J. MORRIS L()S ANGELES, CA 90047		SAL		768.81
CHARLOTTE NORTHERN SAN PEDRO, CA 90732		SAL		1,182.08

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

SUBTOTAL \$

3,028.90

Amounts may be rounded to whole dollars.

MTG meetings and appearances

office expenses

SCHEDULE E (CONT.) Statement covers period **CALIFORNIA FORM** 02/16/2020 from

SEE	INSTR	UCT	LION	IS	ON	RE'	VER	SE

NAME OF FILER

I.D. NUMBER

Page 24 of 42

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

1421304

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

OFC

CMP campaign paraphemalia/misc. CNS campaign consultants CTE3 contribution (explain nonmonestary)* CVC civic donations candidate filing/ballot fees FIL FND fundraising events independent expenditure supporting/opposing others (explain)* ND. LEEG legal defense campaign literature and mailings

PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services professional services (legal, accounting) PRT print ads

SAL campaign workers' salaries TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals TRC staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

returned contributions

through 06/30/2020

WEB information technology costs (internet, e-mail)

Li Campaign incrature and mailings	Titl plint ags	THE Information technology costs (internet, e-in	iuii)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHARLOTTE NORTHERN	SAL		1,957.82
SAN PEDRO, CA 90732			
CHARLOTTE NORTHERN	SAL		147.76
SAN PEDRO, CA 90732			
PARADISE BUILDING, LLC	OFC		2,500.00
LOS ANGELES, CA 90045			
PARADISE BUILDING, LLC	OFC		1,250.00
LOS ANGELES, CA 90045			
DAMAGANAI C. PAYNE	SAL		145.45
LOS ANGELES, CA 90011			
* Payments that are contributions or independent expenditures	must also be summarized on Schedule D.	SUBTOTAL \$	6,001.03

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.

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 COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYN	MENT AMOUNT PAID
DAMAGANAI C. PAYNE	SAL	69.26
LOS ANGELES, CA 90011		4
PAYROLL TAXES	SAL	3,196.15
SACRAMENTO, CA 95826		
PAYROLL TAXES	SAL	62.02
SACRAMENTO, CA 95826		
PAYROLL TAXES	SAL	4,388.62
SACRAMENTO, CA 95826		
PAYROLL TAXES	SAL	25,44
SACRAMENTO, CA 95826		
* Payments that are contributions or independent expenditures must also be su	Immediated on Schodule D	SUBTOTAL \$ 7,741.49

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

7,741.4

Amounts may be rounded to whole dollars.

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

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF P	AYMENT AMOUNT PAID
PAYROLL TAXES	SAL	25.44
SACRAMENTO, CA 95826		
PAYROLL TAXES	SAL	94.76
SACRAMENTO, CA 95826		
REED & DAVIDSON, LLP	PRO	15,009.67
LOS ANGELES, CA 90071		
DAVID J. SCHWED	SAL	504.73
LOS ANGELES, CA 90062		
DAVID J. SCHWED	SAL	96.97
LOS ANGELES, CA 90062		
* Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D	SUBTOTAL \$ 15,731.57

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 02/16/2020 from. through 06/30/2020 Page 27 of 42 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.

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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
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
ZEINABOU SEKOU-MAIGA	SAL		574.88
LOS ANGELES, CA 90003			
ZEINABOU SEKOU-MAIGA LOS ANGELES, CA 90003	SAL		394.80
JABBAR L. STROUD LOS ANGELES, CA 90008	SAL		623.36
JABBAR L. STROUD LOS ANGELES, CA 90008	SAL		914.27
TAXI PRODUCTIONS, INC. INGLEWOOD, CA 90301	IND	RADIO ADS SUPPORTING HOLLY MITCHELL	2,950.00
* Payments that are contributions or independent expenditures must also be su	Immarized on Schedule D	SUE	3TOTAL \$ 5,457.31

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

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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
ND.	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LE:G		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
RICKEY K. TAYLOR	SAL		554.10
LOS ANGELES, CA 90037			
RICKEY K. TAYLOR	SAL		872.70
LOS ANGELES, CA 9003/			
TELL THAT STORY INC.	IND	ONLINE ADS SUPPORTING HOLLY MITCHELL	15,000.00
SOUTH PASADENA, CA 91031			
TELL THAT STORY INC.	IND	TELEPHONE CALLS SUPPORTING HOLLY MITCHELL	6,075.00
SOUTH PASADENA, CA 91031			
TELL THAT STORY INC.	IND	ONLINE ADS SUPPORTING HOLLY MITCHELL	10,000.00
SOUTH PASADENA, CA 91031			
* Payments that are contributions or independent expenditures must also be s	ummarized on Schedule	D. SUBTO	TAL \$ 32,501.80

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

		SCHEDOLE E (COM.
Staten	nent covers period	CALIFORNIA 460
from	02/16/2020	FORM 400
through_	06/30/2020	Page 29 of 42
		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. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs returned contributions meetings and appearances CNS campaign consultants 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 candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC FIL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events POL TRS

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

legal defense campaign literature and mailings பா

PRT print ads WEB information technology costs (internet, e-mail)

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
IND	TEXT MESSAGES SUPPORTING HOLLY MITCHELL	6,697.83
IND	TEXT MESSAGES SUPPORTING HOLLY MITCHELL	837.12
IND	TELEPHONE CALLS SUPPORTING HOLLY MITCHELL	30,000.00
IND	TELEPHONE CALLS SUPPORTING HOLLY MITCHELL	15,000.00
SAL		425.27
	IND	IND TEXT MESSAGES SUPPORTING HOLLY MITCHELL IND TELEPHONE CALLS SUPPORTING HOLLY MITCHELL IND TELEPHONE CALLS SUPPORTING HOLLY MITCHELL

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

SUBTOTAL \$

52,960.22

SEE INSTRUCTIONS ON REVERSE

CMF' campaign paraphernalia/misc.

CNS campaign consultants

NAME OF FILER

Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** 02/16/2020 through 06/30/2020 Page 30 of 42 I.D. NUMBER 1421304

RAD radio airtime and production costs

RFD returned contributions

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.

CTE contribution (explain nonnonestary)* 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	POS postage, de	enses culating	SAL campaign workers' salaries TEL t.v. or cable airtime and product TRC candidate travel, lodging, and in TRS staff/spouse travel, lodging, and transfer between committees of voter registration WEB information technology costs (in	neals d meals of the same c _{lindi} date/spon _{sor}
NAVE, AND ADDRESS OF PAYEE (IF COMM) TITE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALFRED TOLIVER		SAL		644.14
LOS ANGELES, CA 90018				
DENEEN R. TUBBS		SAL		608.30
CULVER CITY, CA 90232				
DENEEN R. TUBBS		SAL		781.61
CULVER CITY, CA 90232				
KARL WATSON	100	SAL		616.08
LOS ANGELES, CA 90018				
KARL WATSON		SAL		899.78
LOS ANGELES, CA 90018				

* Payments that are contributions or not spendent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

3,549.91

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA AGO
from 02/16/2020	FORM 400
through 06/30/2020	Page 31 of 42
	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.

OOL	ODES. If the of the following codes accurately describes 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		
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		
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
L'TOYA D. WHEELER	SAL	1,274.43
LONG BEACH, CA 90805		
L'TOYA D. WHEELER LONG BEACH, CA 90805	SAL	1,912.11
L'TOYA D. WHEELER LONG BEACH, CA 90805	SAL	147.76
RICHARD A. WILLIAMS LOS ANGELES, CA 90019	SAL .	200.86
RICHARD A. WILLIAMS LOS ANGELES, CA 90019	SAL	114.29
* Down to Abot on a sold local and and and an annual file and a local base.		SUPTOTAL \$ 2 CAD AS

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 3,649.45

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 02/16/2020 from through ___06/30/2020 Page 32 of 42 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.

print ads

PRT

CMP campaign paraphernalia/misc. MTG CNS campaign consultants CTB contribution (explain nonmonetary)* OFC PET CVC civic donations FIL candidate filing/ballot fees PHO phone banks FND fundraising events POL polling and survey research POS postage, delivery and messenger services

ND independent expenditure supporting/opposing others (explain)* LEG legal defense

campaign literature and mailings

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

office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs

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

transfer between committees of the same candidate/sponsor TSF

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
TARIK WILLIS	SAL		692.62
LOS ANGELES, CA 90017			
TARIK WILLIS	SAL		69.26
LOS ANGELES, CA 90017			
TARIK WILLIS	SAL		983.53
LOS ANGELES, CA 90017			
DARNETTA D. YOUNGBLOOD	SAL		554.10
TORRANCE, CA 90501			
DARNETTA D. YOUNGBLOOD	SAL		914.26
TORRANCE, CA 90501			
* Payments that are contributions or independent expenditures must also be		CI.	BTOTAL \$ 3,213.77

professional services (legal, accounting)

Schedule E	
(Continuation Sheet))
Payments Made	

Amounts may be rounded to whole dollars.

State	ment covers period	CALIFORNIA AGO					
from	02/16/2020	FORM 400					
through.	06/30/2020	Page 33 of 42					
		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.

PRT print ads

PET

PHO

POL

POS

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL FND fundraising events ND independent expenditure supporting/opposing others (explain)*

legal defense LEG

campaign literature and mailings

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

OFC office expenses SAL campaign workers' salaries petition circulating TEL t.v. or cable airtime and production costs phone banks candidate travel, lodging, and meals TRC

polling and survey research staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

Campaign iterature and mailings	FRI pilit aus	VVED 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		
ZAYNAB ZAID	SAL		401.72		
LOS ANGELES, CA 90018					
ZAYNAB ZAID LOS ANGELES, CA 90018	SAL		622.09		

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

SUBTOTAL \$

1,023.81

Schedule F Accrued Expenses (Unpaid Bills)

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

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) OUTSTANDIN G BALANCE AT \$\incluse{L}\text{OSE} OF THIS PERIOD
BT STRATEGIES SOUTH PASADENA, CA 91054	LIT	23,863.02	0.00	23,863.02	0.00
TIDES ADVOCACY SAN FRANCISCO, CA 94129	IND TELEPHONE CALLS SUPPORTING HOLLY MITCHELL	15,000.00	0.00	15,000.C ₀	0.00
BT STRATEGIES SOUTH PASADENA, CA 91)31	CNS	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 :	\$ 43,863.02\$	0.00\$	43,863.02	0.00

Schedule F Summary

- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ \frac{-40,167.27}{May be a negative number}\$

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA **FORM** 02/16/2020 from through 06/30/2020 Page 35 of 42 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.

PRT

CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations PET candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)* ND LEG legal defense

campaign literature and mailings பா

RAD radio airtime and production costs MTG meetings and appearances returned contributions SAL campaign workers' salaries OFC office expenses

petition circulating t.v. or cable airtime and production costs PHO phone banks candidate travel, lodging, and meals staff/spouse travel, lodging, and meals POL polling and survey research TRS TSF transfer between committees of the same candidate/sponsor

POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration print ads

information technology costs (internet, e-mail)

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

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 LOS ANGELES, CA 90071	PRO	0.00	3,695.75	0.00	3,695.7
	SUBTOTALS	\$ 0.00	3,695.75\$	0.00	3,695.75

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

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BT STRATEGIES

C	ODES: If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment.
a	/P campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CI	S campaign consultants	MTG	meetings and appearances	RFD	returned contributions
C	B contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
C	/C civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FI	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FN	D fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
N	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LE	G legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
1.0		PRT	print ads	WER	information technology costs (internet e-mail)

^{*} 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
ADRIAN ALVAREZ	TEL		1,500.00
INGLEWOOD, CA 90301			
AMERICAN INDIGENOUS MEDIA	TEL		1,000.00
MONTEREY PARK, CA 91/55			
ALEXANDRA BORRELLI	LIT		1,500.00
ASTORIA, NY 11103			
PRESS PRINT, INC.	LIT		8,664.16
BANNING, CA 92220			
Attach additional information on appropriately labeled continuation s	sheets.		TOTAL* \$ 12,664.16

^{*} 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.

			SCHE	DUL	EG (CONT	
Stater	nent covers period	CALI	FORN	Α	400	ı
from	02/16/2020	F	FORN DRM		460	
through_	06/30/2020	Page _	37	of.	42	
	t distribution by the second	I.D. NUM	MBER			-

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. CNS campaign consultants CTB contribution (explain nonmonetary)*

CVC civic donations candidate filing/ballot fees FIL FND fundraising events

independent expenditure supporting/opposing others (explain)* ND LEG legal defense

campaign literature and mailings

RAD radio airtime and production costs MBR member communications

MTG meetings and appearances OFC office expenses

petition circulating PET PHO phone banks polling and survey research POL

postage, delivery and messenger services professional services (legal, accounting) PRT print ads

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

TRC candidate travel, lodging, and meals

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
U.S. POSTMASTER	POS		11,681.1
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.

11,681.11

TOTAL* \$

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

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

FND fundraising events

FND independent expenditure supporting/opposing others (explain)*

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)

^{*} 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.O. NUMBER)	CODE OR DESCRIPTION OF F	PAYMENT AMOUNT PAID
CRICKET WIRELESS	OFC	530.0
LOS ANGELES, CA 90020		
POLITICAL DATA, INC.	VOTER DATA	3,000.0
NORWALK, CA 90650		
Lagrander and the second secon		-

^{*} 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.

3,530.00

TOTAL* \$

Schedule (3
Payments	Made by an Agent or Independent
Contracto	(on Behalf of This Committee)

Amounts may be rounded to whole dollars.

		SCHEDULE G
Statement covers period		CALIFORNIA AGO
from0	2/16/2020	FORM 400
through0	6/30/2020	Page 39 of 42
		I.D. NUMBER
		1421304

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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

TAXI PRODUCTIONS, INC.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accur	ely describes the payment, you may	y 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.y. 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
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
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

^{*} 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
KJLH-FM	RAD		2,950.0
INGLEWOOD, CA 90301			
			•
Attach additional information on appropriately labeled continuation s	heets.		TOTAL* \$ 2,950.

^{*} 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 Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period CALIFORNIA FORM 02/16/2020 06/30/2020 through Page 40 of 42 I.D. NUMBER

1421304

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FIL

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.

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

candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals polling and survey research FND fundraising events

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

professional services (legal, accounting) voter registration legal defense VOT LEG campaign literature and mailings PRT print ads

WEB information technology costs (internet, e-mail)

^{*} 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 P.	
AMERICAN INDIGENOUS MEDIA	TEL	5,000.00
MUNTEREY PARK, CA 91/55		
FACEBOOK	WEB	13,500.00
MENLO PARK, CA 94025		
		1 000 0
FACEBOOK	WEB	1,000.00
MENLO PARK, CA 94025		
FACEBOOK	WEB	3,000.0
MENLO PARK, CA 94025		
Attach additional information on appropriately labeled continuation s	heets	TOTAL* \$ 22,500.00

^{*} 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 02/16/2020 **FORM** from through 06/30/2020 Page 41 of 42 I.D. NUMBER

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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

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. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees FIL FND fundraising events

independent expenditure supporting/opposing others (explain)* ND legal defense

campaign literature and mailings பா

MBR member communications

MTG meetings and appearances OFC office expenses

petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

t.v. or cable airtime and production costs 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)

^{*} 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 PAYME	ENT AMOUNT PAID
FACEBOOK	WEB	5,000.0
MENLO PARK, CA 94025		
PHONEBURNER, INC.	PHO	6,075.0
LAGUNA BEACH, CA 92651		

Attach additional information on appropriately labeled continuation sheets.

11,075.00

TOTAL* \$

^{*} 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 Ma	ide by an Agent or Independent
Contractor (c	on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period 02/16/2020 from

through 06/30/2020

CALIFORNIA FORM

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I.D. NUMBER

1421304

SCHEDULE G

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

PET

PHO

PRT

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND

independent expenditure supporting/opposing others (explain)* legal defense LEG

campaign literature and mailings LIT

MBR member communications RAD radio airtime and production costs

MTG meetings and appearances RFD returned contributions OFC office expenses SAL campaign workers' salaries petition circulating t.v. or cable airtime and production costs TEL

phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals polling and survey research TRS postage, delivery and messenger services TSF 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.

INT PAID
800.0

professional services (legal, accounting)

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

800.00

^{*} 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.