

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

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496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Communities United for Holly Mitchell for LA Supervisor 2020			Date of This Filing <u>10/15/2020</u>		CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916) 285-5733		I.D. NUMBER (if applicable) 1424932	Report No. <u>958669-TK</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95815		No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Holly Mitchell				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD County Supervisor Los Angeles County	DISTRICT NO. District 2	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/2020	Slate Mailer (Estimated Cost) Cumulative to date total \$504002.16	20,000.00

Reason for Amendment: _____

P. 001/001
FAX No. 19163331344
OCT/15/2020/THU 06:16 PM Deane & Company