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LOS ANGELES COUNTY

ORIGINAL

2023 FEB 28 AM 8:06

2/24/23
PROPOSITION B
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

FEB 13 2023

CALIFORNIA FORM 501
For Official Use Only

Hand Delivered, Sacramento

1. Candidate Information:

NAME OF CANDIDATE (Last, First/Initial Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Mitchell, Holly J.	(916) 706-2677	()	Laura@StephenCompany.com
STREET ADDRESS	CITY	STATE	ZIP CODE
	Sacramento	CA	95814
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
County Supervisor	Los Angeles County	2	<input type="checkbox"/> PARTY PREFERENCE:
OFFICE JURISDICTION	(Check one box, if applicable.)		
<input type="checkbox"/> State - (Complete Part 2.)	<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Multi-County:	<input type="checkbox"/> SPECIAL / RUNOFF		
	(Name of Multi-County Jurisdiction)	2024	(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CaPERS and CaSTRS candidates, Judges, Judicial candidates, ~~and candidates for local offices do not complete Part 2.~~)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/06/2023
(month, day, year)

Signature _____
(Candidate)

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov