

**Statement of Organization
Recipient Committee**

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LOS ANGELES COUNTY

CALIFORNIA FORM 410
For Official Use Only

Statement Type


<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 02 / 13 / 2024	<input type="checkbox"/> Termination - See FPPC Date of termination
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2024 FEB 15 PM 12:24
PROPOSITION B UNIT

1. Committee Information		I.D. Number <small>(if applicable)</small>		2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2024, SPONSORED BY LA VOICE ACTION		1466771		NAME OF TREASURER CARY DAVIDSON				
STREET ADDRESS (NO P.O. BOX)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				LOS ANGELES		CA	90071	
CITY		STATE	ZIP CODE	EMAIL ADDRESS OF TREASURER (REQUIRED)				
LOS ANGELES	CA	90071	(213) 624-6200	cary@politicallaw.com				
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY				
				NATHAN HARDY				
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
sosfilings@politicallaw.com / (213) 623-1692				LOS ANGELES		CA	90071	
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE			EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				
LOS ANGELES	LOS ANGELES COUNTY			nathan@politicallaw.com				
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)				
				ZACHARY HOOVER				
				STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE
				LOS ANGELES		CA	90071	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)				
				zach@lavoic.org				

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/13/2024 By 
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2024, SPONSORED BY LA VOICE ACTION	I.D. NUMBER 1466771
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All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS CALIFORNIA BANK & TRUST MICHAEL FARR, NATHAN HARDY	AREA CODE/PHONE (213) 228-1710	BANK ACCOUNT NUMBER 5801124198
ADDRESS OF FINANCIAL INSTITUTION	CITY LOS ANGELES	STATE CA
		ZIP CODE 90071

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
HOLLY MITCHELL	County Supervisor LOS ANGELES COUNTY, #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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FORM **410**

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COMMITTEE NAME
WORKING FAMILIES FOR HOLLY MITCHELL FOR COUNTY SUPERVISOR 2024, SPONSORED BY LA VOICE ACTION

I.D. NUMBER
1466771

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

LA VOICE ACTION

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

SOCIAL WELFARE

STREET ADDRESS

NO. AND STREET

CITY

LOS ANGELES

STATE

CA

ZIP CODE

90010

AREA CODE/PHONE

(213) 384-7404

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.