

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

RECEIVED BY LOS ANGELES COUNTY  
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 2024 MAR -6 AM 8:18  
 PROPOSITION B UNIT

**CALIFORNIA FORM 496**

For Official Use Only

**NAME OF FILER**  
 Los Angeles County Democratic Party - Issues and Advocacy Committee

**AREA CODE/PHONE NUMBER**  
 (213) 452-6565

**I.D. NUMBER (If applicable)**  
 744554

**STREET ADDRESS**

**CITY**  
 Los Angeles

**STATE**  
 CA

**ZIP CODE**  
 90017

**Date of This Filing** 3/5/2024

**Report No.** 030524A

**Amendment to Report No.** \_\_\_\_\_  
 (explain below)

**No. of Pages** 2

## 1. List Only One Candidate or Ballot Measure

**NAME OF CANDIDATE SUPPORTED OR OPPOSED**  
 Chris Holden

**OFFICE SOUGHT OR HELD**  
 County Supervisor

**DISTRICT NO.** 5

**SUPPORT**  **OPPOSE**

**NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED**

**BALLOT NO./LETTER**

**JURISDICTION**

**SUPPORT**  **OPPOSE**

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/21/2024	MBR; Web Ads \$8,967.65	\$8,967.65

Reason for Amendment: \_\_\_\_\_

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### 3. Contributions of \$100 or More Received\*

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	INTEREST RATES
02/20/2024	California Academy of Eye Physician and Surgeons PAC aka MDeyePAC of California San Francisco, CA 94131-1132 ID: 980331	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	If loan, enter interest rate, if any _____ %
02/19/2024	Ann Hamilton Pasadena, CA 91103-1617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not-Employed N/A	\$2,500.00	If loan, enter interest rate, if any _____ %

Reason for Amendment: \_\_\_\_\_

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*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