2020-3

1/27/2021 FE

MAJOR DONOR AND INDEPENDENT EXPENDITURE

| Campaign Statement | ommittee | | RECEIS COU CALIFORNIA 461 | | | |
|---|---|--|---|--|--|--|
| | Statement covers period | Date of election if applicable: (Month, Day, Year) | | | | |
| from07/01/2020 | | 1615/1977 | TO SCH FIRM | | | |
| SEE INSTRUCTIONS ON REVERSE | through12/31/2020 | | _ CAMPAIGH MO7545 | | | |
| 1. Name and Address of Filer | | 3. Summary | | | | |
| NAME OF FILER David W. Mills | | (Amounts may be rounded to whole dollars.) 1. Expenditures and contributions (including loans) of \$100 or more | | | | |
| RESIDENTIAL OR MAILING ADDRESS | (NO. AND STREET) | made this period. (Page 2. Unitemized expendit | art 5.) \$1,200.00 | | | |
| CITY | STATE ZIP CODE | contributions (includi | ing loans) under \$0.00 | | | |
| Santa Cruz | CA 95060 | | | | | |
| RESPONSIBLE OFFICER (If filer is other than an individual) | AREA CODE/DAYTIME PHONE | Total expenditures a made this period. (Additional contents) | dd Lines 1 + 2.)SUBTOTAL \$1,200.00 | | | |
| 2. Nature and Interests of Filer | (831) 458-6000 (Complete each applicable section.) | Total expenditures a made from prior state | tement. (Enter | | | |
| X A FILER WHO IS AN INDIVIDUAL MUST LIST T | (Complete each applicable section.) | made from prior state amount from Line 5 of filed. If this is the fire | tement. (Enter of last statement st statement for nter zero.) | | | |
| A FILER WHO IS AN INDIVIDUAL MUST LIST TO OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME OF EMPLOYER/BUSINESS | (Complete each applicable section.) HE NAME, ADDRESS, AND BUSINESS INTERESTS NAME, ADDRESS, AND NATURE OF THE BUSINESS BUSINESS INTERESTS | made from prior state amount from Line 5 filed. If this is the fire the calendar year, er 5. Total expenditures a (including loans) made January 1 of the curr | tement. (Enter of last statement st statement for nter zero.) \$ 25,000.00 and contributions ide since | | | |
| A FILER WHO IS AN INDIVIDUAL MUST LIST TO OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME OF EMPLOYER/BUSINESS Fortress Investment Group, LLC ADDRESS OF EMPLOYER/BUSINESS New York, NY 10105 | (Complete each applicable section.) HE NAME, ADDRESS, AND BUSINESS INTERESTS NAME, ADDRESS, AND NATURE OF THE BUSINESS BUSINESS INTERESTS | made from prior state amount from Line 5 of filed. If this is the first the calendar year, er 5. Total expenditures a (including loans) may January 1 of the curre (Add Lines 3 + 4.) 4. Verification I have used all reasonals | tement. (Enter of last statement st statement for inter zero.) \$ 25,000.00 and contributions ide since rent calendar year. TOTAL \$ 26,200.00 ble diligence in preparing this statement. I have | | | |
| OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME OF EMPLOYER/BUSINESS Fortress Investment Group, LLC ADDRESS OF EMPLOYER/BUSINESS New York, NY 10105 A FILER THAT IS A BUSINESS ENTITY MUST DE ENGAGED | (Complete each applicable section.) HE NAME, ADDRESS, AND BUSINESS INTERESTS NAME, ADDRESS, AND NATURE OF THE BUSINESS BUSINESS INTERESTS Investments | made from prior state amount from Line 5 filed. If this is the first the calendar year, er 5. Total expenditures a (including loans) may January 1 of the curry (Add Lines 3 + 4.) 4. Verification I have used all reasonate reviewed the statement contained herein is true | tement. (Enter of last statement st statement for nter zero.) \$ | | | |

Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

| MAJOR | DONOR | AND | INDEPENDENT | EXPENDITURE |
|--------------|--------------|-----|-------------|--------------------|
| | | | COLUMN | E OTATELERE |

| Statement covers period | | | CALIFORNIA AG1 | | | |
|-------------------------|----------|------------|----------------|--|--|--|
| | from | 07/01/2020 | FORM 401 | | | |
| | through_ | 12/31/2020 | Page of2 | | | |

| SEE | INSTRI | JCTIONS | ON | REVERS |
|-----|--------|---------|----|--------|
| | | | | |

NAME OF FILER

David W. Mills

| 5. | Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made |
|----|--|
| | (If more space is needed, use additional copies of this page for continuation sheets.) |

| DATE | NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE | AMOUNT THIS PERIOD | CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE |
|------------|--|--|--|---|--------------------|---|
| 08/19/2020 | George Gascon for LA District Attorney 2020 (ID# 1422183) Los Angeles, CA 90067 | Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure | | George Gascon District Attorney County of Los Angeles X Support Oppose | 1,200.00 | 1,200.00 |
| | | Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure | | Support Dppose | | |
| | | Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure | | ☐ Support ☐ Oppose | | |
| | | Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure | | Support Oppose | | |