

MAR - 3 2014

2014 MAR -3 PM 5:07

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Mitchell Holly Jewell

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Assembly - 54 AD Jan. 1, 2013 - Sept. 25, 2013/State Senate - 26 SD Sept. 26, 2013 - Dec. 31, 2013

Division, Board, Department, District, if applicable Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of, Judge or Court Commissioner, County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left. Assuming Office: Date assumed. Candidate: Election year and office sought.

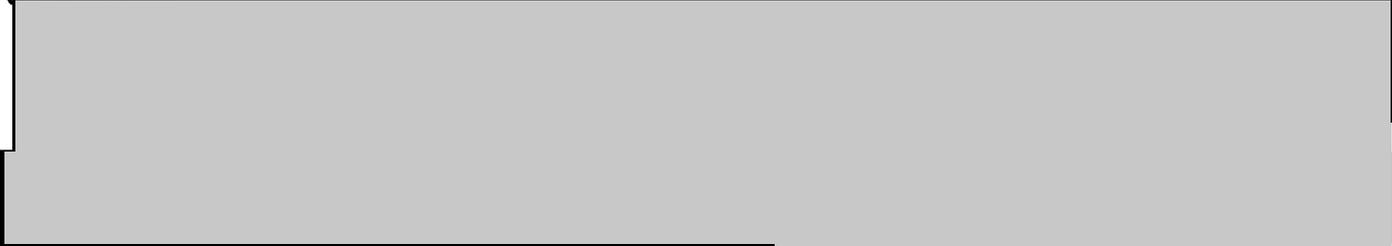
4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page:

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments, None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/3/2014 Signature

SCHEDULE D
Income – Gifts

Name
 Holly J. Mitchell

▶ NAME OF SOURCE (Not an Acronym)
 L.A. Mayor's Office

ADDRESS (Business Address Acceptable)
 200 North Spring St.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 13	\$ 90.00	Airport parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California State Protocol Foundation

ADDRESS (Business Address Acceptable)
 11355 West Olympic Bl. Los Angeles CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 13	\$ 65.92	Dinner w/Governor
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Entertainment Software Association

ADDRESS (Business Address Acceptable)
 575 7th Street, NW, Ste. 300, Washington DC 20004

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 14	\$ 80.06	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
 777 S. Figueroa St, Ste. 4060 Los Angeles CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 12 / 13	\$ 66.85	Dinner w/Speaker
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 NAACP

ADDRESS (Business Address Acceptable)
 4805 Mt. Hope Drive, Baltimore MD 21215

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 13	\$ 500.00	Award show ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
 777 S. Figueroa St, Ste. 4060 Los Angeles CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Campaign Committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 74.75	Jacket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Holly J. Mitchell

▶ NAME OF SOURCE (Not an Acronym)
 L.A. Mayor's Office

ADDRESS (Business Address Acceptable)
 1400 K Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 13	\$ 90.00	Airport parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 University of Southern California

ADDRESS (Business Address Acceptable)
 3551 Trousdale Parkway, Ste. 260, Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 26 / 13	\$ 130.00	Football game tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Women in California Leadership

ADDRESS (Business Address Acceptable)
 400 Capitol Mall, 22nd Floor, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 13	\$ 70.52	Catering event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Dental Association

ADDRESS (Business Address Acceptable)
 1201 K Street, 14th Floor, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 13	\$ 60.71	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Fox Entertainment Group

ADDRESS (Business Address Acceptable)
 2121 Avenue of the Stars, Los Angeles CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 25 / 13	\$ 67.05	Movie screening
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)
 5471 Hillcrest Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Los Angeles, CA 90043

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 13	\$ 150.00	Spa services
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Holly J. Mitchell

▶ NAME OF SOURCE (Not an Acronym)
 CA Democratic Party

ADDRESS (Business Address Acceptable)
 1401 21st Street, Suite 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Campaign committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 13	\$ 123.94	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 University of California, Los Angeles

ADDRESS (Business Address Acceptable)
 10920 Wilshire Blvd. Ste. 1500, Los Angeles, 90024

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 31 / 13	\$ 225.00	Football game tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 County Welfare Directors Association of CA

ADDRESS (Business Address Acceptable)
 925 L Street, Suite 350, Sacramento CA 96814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 13	\$ 219.00	Crystal award
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Holly J. Mitchell

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 CA Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)
 5471 Hillcrest Drive

CITY AND STATE
 Los Angeles, CA 90043

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Leadership Symposium

DATE(S): 10 / 18 / 13 - 10 / 20 / 13 AMT: \$ 1,815.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Conference participant/Meals and lodging

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____