496 Independent Expenditure Report

Type or print in ink. Amounts may be rounded to whole dollars.

| | | | | inounts ma | ay De l'Odlidet | 1 to whole dollars. | 496 INDEPE | NDENT EXPENDITURE | REPORT |
|--|-------------------------------|---------------------------------------|--------------|----------------|--|--------------------------|-------------------------|--------------------|-------------|
| NAME OF FILER | | | | | Date of | | LOS ANGELES CO | CALIFORNIA | 106 |
| COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014 | | | | | This Filin | g <u>10/28/2014</u> | E CO MINITED FOR OUR | FORM | 196 |
| AREA CODE/PHONE NUMBER (fapplicatie) | | | | | 2014 OCT 29 AM | }: Liftor Official Use (| Only | | |
| 1367856 | | | Report No | o. 10282014 | 20,100, | | | | |
| STREET ADDRESS | | | | | □ Amen | CAMPAIGH FINA | | INGC! | |
| | | | | | Amendment to Report No. CAMPAIGH FINA DISCLOSURE SEC | | | | |
| CITY | | STATE | ZIP CODE | | (explain belov | v) | | | 1 |
| | | | | | No. of Pa | ges3 | | | |
| 1. List Only One C | andidate or Ballot Me | easure | | | | | | | |
| NAME OF CANDIDATE | SUPPORTED OR OPPOSED | | | | | IAME OF BALLOT MEASU | RE SUPPORTED OR OPPOSED | | |
| BOBBY SHRIVER | | | | | 1 1 | | | | |
| OFFICE SOUGHT OR I | HELD | DISTRICT NO. | SUPPORT | OPPOSE | T | ALLOT NO LETTER | JURISDICTION | SUPPORT | OPPOSE |
| County Supervis | or: LOS ANGELES | | х | | | | | | |
| 2. Independent Ex | penditures Made <i>Attaci</i> | h additional informatio | n on appropr | riately labele | ed continuation | n sheets. | | | |
| DATE | T | 4 . | | | OF EXPENDITU | | | AMOUNT | |
| 10/27/2014 | VOTER FILE | | | | | | | | 1,431.46 |
| | Cumulative to d | late total \$8448: | 96.70 | | | | | | |
| | | | | | | | | | |
| 10/27/2014 | CONSULTING Cumulative to d | iate total \$8448 | 96.70 | | | | | | 659.63 |
| | | | | | | | | · | |
| | | | | | | | | | |
| 10/27/2014 | MAILER | late total \$8448 | 96 70 | | | | | 6 | 6,772.72 |
| | Communactive to d | ace cocal posso. | 30.70 | | | | | | |
| | | | | | | | | | |
| 10/27/2014 | GRAPHIC DESIGN | late total \$8448 | 96 70 | | | | | | 1,030.75 |
| | Commutative co d | ace cocal posso. | 30.70 | | | | | Ì | |
| | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | <u> </u> | |
| | | | | | | | | | |
| Reason for Amendme | ent: | | | | | | | - | |
| | | | | | | | | | |
| | | | | · | | | | FPPC Form 496 (M | March/2011 |
| | | | | | | | FPPC Toll-Free Helpline | : 866/ASK-FPPC (86 | 6/275-3772 |

496 Independent Expenditure Report

Type or print in ink. Amounts may be rounded to whole dollars.

| | GARLIS GRVIGHS VEGOS | | | 1 | Date of | | LOS Date Stamp IS Of | O O LIEO DULLA | | |
|--|------------------------------|-------------------------|----------------|---------------------|-----------------|-------------------|---------------------------------|--------------------|---------------------------------------|--|
| | ROBBY SHRIVER SUPER | | | | | | | | 196 | |
| VREA CODE/PHONE NUMBER | | | | | | 10/28/2014 | | Oltin |) | |
| AREA CODE/PHONE NUMBER (if applicable) | | | | | _ | | 2014 OCT 29 AM | For Official Use (| Only | |
| 1367856 | | | | Report No. 10282014 | | | • | | | |
| STREET ADDRESS | | | | | ☐ Amend | | CAMPAIGN FINA DISCLOSURE SEC | JOE | | |
| | | | | | to Report | | niger again 2F | JHOR . | | |
| CITY | | STATE | ZIP CODE | | (explain below) | | | | | |
| | | | | Ì | No. of Pag | es3 | | | | |
| 1. List Only One Car | ndidate or Ballot Me | easure | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| NAME OF CANDIDATE S | UPPORTED OR OPPOSED | | | | 7 RV | ME OF BALLOT MEAS | JRE SUPPORTED OR OPPOSED | | | |
| BOBBY SHRIVER | | | | | | | | | | |
| OFFICE SOUGHT OR HE | LD | DISTRICT NO. | SUPPORT | OPPOSE | | LLOT NO LETTER | JURISDICTION | SUPPORT | OPPOSE | |
| County Supervisor COUNTY, #3 | : LOS ANGELES | | Х | : | | | | | 011002 | |
| 2. Independent Expe | nditures Made <i>Attacl</i> | h additional informatio | on on appropri | iately labeled | d continuation | sheets. | | | | |
| DATE | | <u>-</u> | DES | SCRIPTION C | F EXPENDITU | RE | | AMOUNT | | |
| 10/27/2014 | RADIO ADS Cumulative to d | ate total \$8448 | 96.70 | | | | | 10 | 0,000.0 | |
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| Reason for Amendment | С | <u></u> | | | | | | | | |
| | | | | | | | | _ | /larch/201 | |

| 496 | Independent | Expenditure | Report |
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496 INDEPENDENT EXPENDITURE REPORT

| 1.05 | RECEIVED BY ANGELES COUNT |
|------|------------------------------|
|------|------------------------------|

CALIFORNIA FORM

AM 8: 40

I.D. NUMBER (If applicable)

1367856

| 3 | Contributions | of \$100 | or More | Received* |
|----|---------------|----------|----------|-----------|
| J. | COMMIDATIONS | OI 3 100 | OI MIDIA | Vacaisad |

COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014

NAME OF FILER

| 3. Contribut | tions of \$100 or More Received* | | DISCLOSURE SECTION | | | | |
|------------------|--|---|--|--------------------|--|--|--|
| 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 | | |
| 10/27/2014 | BIZFED PAC, A PROJECT OF LOS ANGELES COUNTY BUSINESS FEDERATION Committee ID# 1305594 | IND S COM D TH | | 11,000.00 | If loan, enter interest rate, if any % | | |
| 10/27/2014 | JACOB BLOOM | SCC SIND COM OTH PTY SCC | ATTORNEY BLOOM HERGOTT DIEMER ROSENTHAL | 5,000.00 | If loan, enter interest rate, if any | | |
| 10/27/2014 | JERRY BRUCKHEIMER | IND COM OTH PTY | PRODUCER JERRY BRUCKHEIMER FILMS | 10,000.00 | If loan, enter interest rate, if any | | |
| 10/27/2014 | SUSAN BUPFETT | IND COM OTH PTY SCC | CHAIR THE SHERWOOD FOUNDATION | 1,000.00 | If loan, enter interest rate, if any | | |
| 10/27/2014 | MELINDA GATES | X IND COM OTH PTY SCC | CO-CHAIR BILL AND MELINDA GATES FOUNDATION | 25,000.00 | If loan, enter interest rate, if any % | | |
| 10/27/2014 | WILLIAM H. GATES III | IND COM OTH PTY SCC | CO-CHAIR BILL AND MELINDA GATES FOUNDATION | 25,000.00 | If loan, enter interest rate, if any % | | |

*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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)