

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Citizens Committee to Elect Bobby Shriver for LA County Supervisor 2014		Date of This Filing <u>05/07/2014</u>	Date Stamp 2014 MAY -8 AM 8:55 CAMPAIGN FINANCE DISCLOSURE STATE	CALIFORNIA FORM 496 For Official Use Only 610780
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. <u>10649</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Bobby Shriver				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD County Supervisor: Los Angeles County District 3	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/06/2014	Mailer Cumulative to date total \$57544.85	18,486.30
05/06/2014	Data for Mailer Cumulative to date total \$57544.85	571.91

Reason for Amendment: _____

[Handwritten Signature]