

496 Independent Expenditure Report

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

RECEIVED BY
LOS ANGELES COUNTY
496 INDEPENDENT EXPENDITURE REPORT

Date Stamp
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CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 496
For Official Use Only
610851

NAME OF FILER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable)
1367856

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Date of This Filing 10/30/2014

Report No. 10302014

Amendment to Report No. _____ (explain below)

No. of Pages 3

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
BOBBY SHRIVER							
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
County Supervisor: LOS ANGELES COUNTY, #3		X					

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2014	VOTER FILE Cumulative to date total \$1040982.88	999.08
10/29/2014	TRANSLATION SERVICE Cumulative to date total \$1040982.88	400.00
10/29/2014	MAILER Cumulative to date total \$1040982.88	32,780.40
10/29/2014	GRAPHIC DESIGN Cumulative to date total \$1040982.88	1,302.00

Reason for Amendment: _____

MR

FORM: 10/30/2014 19:16 #311 P.001/003

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NAME OF FILER COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014		Date of This Filing <u>10/30/2014</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367856	Report No. <u>10302014</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>3</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, #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
10/29/2014	RADIO ADS Cumulative to date total \$1040982.88	40,000.00

Reason for Amendment: _____

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CALIFORNIA FORM 496
 I.D. NUMBER (if applicable)
 1367856

NAME OF FILER
 COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014

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
10/29/2014	JOHN DAVIS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCER DAVIS ENTERTAINMENT	4,500.00	If loan, enter interest rate, if any _____ %
10/29/2014	JONATHAN WACHTER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STUDENT	2,500.00	If loan, enter interest rate, if any _____ %
10/29/2014	TESS WACHTER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	2,500.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			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)