

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment (Explain Below)

Report covers period from <u>01/01/2014</u> through <u>05/17/2014</u>	Date Stamp RECEIVED BY AM 11:37 MAY 23 2014	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>	Page <u>1</u> of <u>4</u>	
		For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1364667

COMMITTEE/FILER'S NAME
Citizens Committee to Elect Bobby Shriver for LA County Supervisor 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Cecelia Alemania

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
<u>Bobby Shriver</u>	<u>County Supervisor: Los Angeles County District 3</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	OPPOSE

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
05/05/2014	EDH & Associates	Mailer	37,601.90	57,544.85
05/05/2014	Cornerstone Printing	Mailer	22,085.19 MEMO Subpayment made through: EDH & Associates	
05/05/2014	Paragon Graphix	Mailer	450.00 MEMO Subpayment made through: EDH & Associates	

COPY

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from <u>01/01/2014</u> through <u>05/17/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 MAY 23 AM 11:44 CAMPAIGN FINANCE DISCLOSURE	CALIFORNIA FORM 465 Page <u>2</u> of <u>4</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>		

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
05/05/2014	Political Data Inc.	Data for mailer	884.74	57,544.85
05/06/2014	EDH & Associates	Mailer	18,486.30	57,544.85
05/06/2014	Cornerstone Printing	Mailer	4,165.17 MEMO Subpayment made through: EDH & Associates	
05/06/2014	Bullseye Marketing	Postage	6,912.99 MEMO Subpayment made through: EDH & Associates	
05/06/2014	Paragon Graphix	Mailer	450.00 MEMO Subpayment made through: EDH & Associates	
05/06/2014	Political Data Inc.	Data for Mailer	571.91	57,544.85

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2014	
through	05/17/2014	Page <u>3</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Citizens Committee to Elect Bobby Shriver for LA County Supervisor 2014		1364667

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	57,544.85
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 57,544.85

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER _____
 County of Los Angeles
 ADDRESS _____ (NO. AND STREET)
 CITY _____ STATE _____ ZIP CODE _____

3) NAME OF FILING OFFICER _____
 ADDRESS _____ (NO. AND STREET)
 CITY _____ STATE _____ ZIP CODE _____

2) NAME OF FILING OFFICER _____
 ADDRESS _____ (NO. AND STREET)
 CITY _____ STATE _____ ZIP CODE _____

4) NAME OF FILING OFFICER _____
 ADDRESS _____ (NO. AND STREET)
 CITY _____ STATE _____ ZIP CODE _____

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true, and ~~and~~ I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 15, 2014
 Executed on May 15, 2014
 Executed on _____
 Executed on _____

By _____
 SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
 By _____
 SIGNATURE OF OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
 By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
 By _____
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Additional Comments
For Form 465**

ADDITIONAL COMMENTS

**CALIFORNIA
FORM 465**

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NAME OF FILER

Citizens Committee to Elect Bobby Shriver for LA County Supervisor 2014

I.D. NUMBER

1364667

Cornerstone Printing, 5/5/2014 \$22,085.19, Postage for mailer. Sub Sub Vendor: U.S. Postmaster 9534 Reseda Blvd., Northridge, CA 91324 \$13,675.23;
Bullseye Marketing, 5/6/2014 \$6,912.99, Postage for mailer. Sub Sub Vendor: U.S. Postmaster 9534 Reseda Blvd., Northridge, CA 91324 \$6,912.99.