

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 05/18/2014
through 06/30/2014
Date of election if applicable:
(Month, Day, Year)
06/03/2014

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2014 JUL 31 AM 10:42
CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA FORM 465

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1366464

COMMITTEE/FILER'S NAME
Friends to Support Todd Rogers for Sheriff 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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Todd Rogers</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Sheriff: Los Angeles County</u>	SUPPORT	OPPOSE
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)
05/23/2014	Leading Edge	LIT	18,000.00	59,156.80
05/23/2014	Automate Mailing Service	LIT, POS; Support; Todd Rogers; Sheriff in Los Angeles County	2,582.23 MEMO Subpayment made through: Leading Edge	
05/23/2014	United States Postal Service	LIT, POS; Support; Todd Rogers; Sheriff in Los Angeles County	25,148.69 MEMO Subpayment made through: Leading Edge	

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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>05/18/2014</u> through <u>06/30/2014</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>3</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)
05/23/2014	Leading Edge	LIT	10,000.00	59,156.80
05/23/2014	Leading Edge	LIT	7,093.80	59,156.80
05/24/2014	Leading Edge	LIT	7,000.00	59,156.80
05/24/2014	Leading Edge	LIT	4,000.00	59,156.80
05/24/2014	Leading Edge	LIT	6,000.00	59,156.80
05/24/2014	Leading Edge	LIT	5,564.00	59,156.80

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>05/18/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 465
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	I.D. NUMBER (if recipient com.) 1366464

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends to Support Todd Rogers for Sheriff 2014

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>57,657.80</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	<u>57,657.80</u>

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

Los Angeles County, Registrar-Recorder/County Clerk

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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

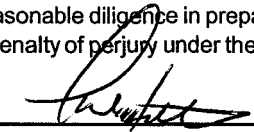
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence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

Executed on 07/29/2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING 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