

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)  
SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	Date Stamp <b>RECEIVED BY</b> <b>LOS ANGELES COUNTY</b> <b>2014 JUL 31 PM 4: 48</b> <b>CAMPBELL FINANCE</b> <b>INDEPENDENT SECTION</b>	<b>CALIFORNIA</b> <b>1994 FORM</b> <b>465</b>
Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>		1 / 6
		For Official Use Only

**Amendment** (Explain Below)

Amendment No \_\_\_\_\_

Report No 1

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1363259

NAME OF FILER  
Friends of McDonnell 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  
Alan J. Skobin

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>Jim McDonnell</u>	OFFICE SOUGHT OR HELD <u>SHERIFF</u>	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
		X	

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

Please see attached pages

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from _____	
through _____	2 / 6
I.D. NUMBER (If Recipient Com.) 1363259	

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NAME OF FILER

Friends of McDonnell for Sheriff 2014

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3) .....	\$	<u>109054.75</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>109054.75</u>

## 5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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NAME OF FILER

Friends of McDonnell for Sheriff 2014

## 5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

1) NAME OF FILING OFFICER

Los Angeles County Registrar/Recorder

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

# Supplemental Independent Expenditure Report

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 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.

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		4 / 6
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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
05/30/2014	Avalon Bay News	Print Ad	320.00	109054.75
	Reference No:			
05/21/2014	CBS Radio	Radio Ads	7950.00	109054.75
	Reference No:			
05/21/2014	KFWB News Talk 980	Radio Ads	info[ 7950.00]	info[ 109054.75]
	Reference No:			
05/21/2014	CBS Radio	Radio Ads	29550.00	109054.75
	Reference No:			
05/21/2014	KNX 1070 Newsradio	Radio Ads	info[ 29550.00]	info[ 109054.75]
	Reference No:			
05/29/2014	CBS Radio	Radio Ads	13010.00	109054.75
	Reference No:			
05/29/2014	KNX 1070 Newsradio	Radio Ads	info[ 13010.00]	info[ 109054.75]
	Reference No:			
05/21/2014	Clear Channel Broadcasting	Radio Ads	37554.00	109054.75
	Reference No:			

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
05/21/2014	KFI AM 640 Reference No:	Radio Ads	info[ 30490.00]	info[ 109054.75]
05/21/2014	KEIB AM Reference No:	Radio Ads	info[ 1694.00]	info[ 109054.75]
05/21/2014	RFI AM Reference No:	Radio Ads	info[ 1700.00]	info[ 109054.75]
05/29/2014	Clear Channel Broadcasting Reference No:	Radio Ads	17415.00	109054.75
05/29/2014	RFI AM Reference No:	Radio Ads	info[ 510.00]	info[ 109054.75]
05/29/2014	KFI AM 640 Reference No:	Radio Ads	info[ 16905.00]	info[ 109054.75]
05/30/2014	Gateway Guardian Reference No:	Print Ad	300.00	109054.75
05/30/2014	Los Cerritos Community Newspaper Group Reference No:	Print Ad	1000.00	109054.75

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
05/29/2014	Bill Nesbitt	Radio Ads	150.00	109054.75
05/30/2014	Reference No: PV Peninsula News	Print Ad	661.00	109054.75
05/29/2014	Reference No: The Argonaut	Print Ad	625.00	109054.75
05/29/2014	Reference No: The Beach Reporter	Print Ad	519.75	109054.75
	Reference No:			