

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	Date Stamp RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 465
through 06/30/2014	2014 AUG -5 PM 1:39	
Date of election if applicable: (Month, Day, Year)	CAMPAIGN FINANCE DISCLOSURE SECTION	Page 1 of 4
06/03/2014		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

COPY

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

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

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)
05/27/2014	EDH & Associates	Mailer	7,140.70	95,796.18
05/27/2014	Cornerstone Printing	Printing for mailer	2,648.37	
			MEMO Subpayment made through: EDH & Associates	
05/27/2014	Bullseye Marketing	Postage for mailer	2,815.74	
			MEMO Subpayment made through: EDH & Associates	

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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 of election if applicable: (Month, Day, Year) <u>06/03/2014</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>4</u> For Official Use Only
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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)
05/27/2014	Political Data Inc.	Data for Mailer	273.80	95,796.18
05/19/2014	EDH & Associates	Mailer	30,066.40	95,796.18
05/16/2014	Cornerstone Printing	Printing for mailer	6,378.88	
			MEMO Subpayment made through: EDH & Associates	
05/16/2014	Bullseye Marketing	Postage for mailer	10,922.71	
			MEMO Subpayment made through: EDH & Associates	
05/16/2014	Paragon Graphix	Design for mailer	450.00	
			MEMO Subpayment made through: EDH & Associates	
05/19/2014	Political Data Inc.	Data for Mailer	770.43	95,796.18

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Report covers period		CALIFORNIA FORM 465
from	05/18/2014	
through	06/30/2014	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.)	\$	38,251.33
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	\$ 38,251.33

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) _____

500 West Temple Street, Room #653

CITY STATE ZIP CODE

Los Angeles CA 90012

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 complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/11/14 DATE

Executed on 7/11/14 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

**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

Bullseye Marketing 5/16/2014 \$10,922.71, Postage for mailer. Sub Sub Vendor: U.S. Postmaster
Marketing 5/27/2014 \$2,815.74, Postage for mailer. Sub Sub Vendor: U.S. Postmaster

, \$10,922.71; Bullseye
, \$2,815.74