

496 Independent Expenditure Report

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

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 10/18/2014

Report No. 10182014

Amendment to Report No. _____ (explain below)

No. of Pages 3

RECEIVED 496 INDEPENDENT EXPENDITURE REPORT
LOS ANGELES COUNTY
Date Stamp
2014 OCT 20 AM 11:02
CALIFORNIA FORM 496
For Official Use Only
610851
CAMPAIGN FINANCE DISCLOSURE SECTION

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
10/17/2014	STOCK PHOTOGRAPHS Cumulative to date total \$558940.68	87.32
10/17/2014	VOTER FILE Cumulative to date total \$558940.68	1,795.94
10/17/2014	GRAPHIC DESIGN Cumulative to date total \$558940.68	1,302.00
10/17/2014	MAILER Cumulative to date total \$558940.68	67,110.20

Reason for Amendment: _____

Handwritten signature

FROM:

10/18/2014 19:37

#256 P.001/003

496 Independent Expenditure Report

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NAME OF FILER COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014		Date of This Filing <u>10/18/2014</u>	Date Stamp LOS ANGELES COUNTY 2014 OCT 20 AM 11:02 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367856	Report No. <u>10182014</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

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
10/17/2014	CONSULTING Cumulative to date total \$558940.68	10,000.00
10/17/2014	CONSULTING Cumulative to date total \$558940.68	10,000.00

Reason for Amendment: _____

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LOS ANGELES COUNTY

2014 OCT 20 AM 11:02

CALIFORNIA
FORM 496

I.D. NUMBER (if applicable)

1367856

NAME OF FILER

COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014

CAMPAIGN FINANCE
DISCLOSURE SECTION

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
10/17/2014	ANNETTE C. BLUM	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BLUM MEDIA INTERNATIONAL	10,000.00	If loan, enter interest rate, if any _____%
10/17/2014	RUSSELL GOLDSMITH	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN AND CEO CITY NATIONAL BANK	5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	SHERRY LANSING	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	5,000.00	If loan, enter interest rate, if any _____%
10/17/2014	WATSON LAND COMPANY	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	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 _____%

*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 (866/276-3772)

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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 10/17/2014

Report No. 10172014

Amendment to Report No. _____
(explain below)

No. of Pages 2

RECEIVED BY DATE
LOS ANGELES CO
2014 OCT 20 AM 11:02
CALIFORNIA FORM 496
For Official Use Only
CAMPAIGN FINANCE DISCLOSURE SECTION
610851

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
10/16/2014	NEWSPAPER AD Cumulative to date total \$468645.22	1,200.00

Reason for Amendment: _____

MR

FORM: 10/17/2014 19:18 #255 P.001/002

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LOS ANGELES COUNTY
2014 OCT 20 AM 11:02

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DISCLOSURE SECTION

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10/16/2014	SUSAN HARRIS	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER SAMMY PRODUCTIONS	2,500.00	If loan, enter interest rate, if any _____%
10/16/2014	PAUL J. WITT	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FILM PRODUCER WITT PRODUCTIONS	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 _____%
		<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 _____%

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From: 10/17/2014 19:18 #255 P.002/002