

# 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)

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Report covers period from 3/18/2014 through 5/17/2014	Date Stamp 2014 MAY 28 AM 11:56 RECEIVED BY LOS ANGELES CO CAMPAIN FINANCIAL DISCLOSURE	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) 6/3/2014	Page 1 of 3 For Official Use Only	

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1362881

## Treasurer (If recipient committee)

NAME OF TREASURER  
Alan Arkatov

MAILING ADDRESS

COMMITTEE/FILER'S NAME  
Friends of Bobby Shriver for Supervisor 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL 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 Bobby Shriver	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Board of Supervisors, 3	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input checked="" 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)
04/11/2014	Aaron, Thomas & Associates, Inc.	Postage	\$685.02	\$24,498.74
04/11/2014	Subvendor: US Postmaster	Postage	\$0.00	\$24,498.74
04/11/2014	Aaron, Thomas & Associates, Inc.	Literature	\$3,583.08	\$24,498.74

05/14/2014	Aaron, Thomas & Associates, Inc.	Postage	\$8,819.38	\$24,498.74
05/14/2014	Aaron, Thomas & Associates, Inc.	Literature	\$10,597.60	\$24,498.74
05/14/2014	Subvendor: US Postmaster \$8,819.38	Postage	\$0.00	\$24,498.74
05/14/2014	Political Data, Inc.	Voter Data	\$813.66	\$24,498.74

**4. Summary**

1. Total independent expenditures of \$100 or more made this period. (Part 3.).....	\$24,498.74
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$0.00
3. Total independent expenditures made this period (Add Lines 1+2.) ..... <b>TOTAL</b>	<u>\$24,498.74</u>

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

**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 \_\_\_\_\_  
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

**Supplemental Independent Expenditure Report**

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>03/18/2014</u> through <u>05/17/2014</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>3</u> of <u>3</u>
I.D. NUMBER (if recipient com.)	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bobby Shriver for Supervisor 2014

**4. Summary**

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 24,498.74
- 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** \$ 24,498.74

**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  
Alan Arkatov

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

Executed on 5/19/14 \_\_\_\_\_  
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