

496 Independent Expenditure Report

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

RECEIVED 496-INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014		Date of This Filing <u>10/23/2014</u>	RECEIVED LOS ANGELES COUNTY 2014 OCT 24 AM 11:18 CAMPAIGN FINANCE DISCLOSURE SECTION CALIFORNIA FORM 496 For Official Use Only 610851
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367856	Report No. <u>10102014</u>	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. <u>10102014</u> (explain below)	
CITY	STATE	ZIP CODE	
		No. of Pages <u>3</u>	

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
10/09/2014	NEWSPAPER AD Cumulative to date total \$603796.03	1,200.00
10/09/2014	MAILER Cumulative to date total \$603796.03	42,739.14
10/09/2014	MAILER Cumulative to date total \$603796.03	64,256.20
10/09/2014	GRAPHIC DESIGN Cumulative to date total \$603796.03	1,030.75

Reason for Amendment: ADDING INDEPENDENT EXPENDITURE

FPPC Form 496 (March/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FORM: 10/23/2014 19:46 #277 P.001/003

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496 INDEPENDENT EXPENDITURE REPORT

Date Stamp
2014 OCT 24 AM

CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 496
For Official Use Only

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/09/2014	GRAPHIC DESIGN Cumulative to date total \$603796.03	1,030.75
10/09/2014	VOTER FILE Cumulative to date total \$603796.03	3,663.11
10/09/2014	CONSULTING Cumulative to date total \$603796.03	10,000.00

Reason for Amendment: ADDING INDEPENDENT EXPENDITURE

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496 INDEPENDENT EXPENDITURE REPORT

RECEIVED BY
LOS ANGELES COUNTY

CALIFORNIA
FORM **496**

2014 OCT 24 AM 11:18

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
10/09/2014	KENNETH ZIFFREN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ZIFFREN BRITTENHAM LLP	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 _____%
		<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 _____%

*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

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