

# 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.

CALIFORNIA  
1994 FORM **465**

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

Report No 1

Amendment (Explain Below)

Report covers period  
from 10/01/2014  
through 10/18/2014  
Date of election if applicable:  
(Month, Day, Year)  
11/04/2014

Date Stamp  
  
RECEIVED BY  
LOS ANGELES COUNTY  
2014 OCT 27 AM 10:53  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

1 / 5  
For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1363259

## Treasurer (If recipient committee)

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

NAME OF TREASURER  
Alan Skobin  
MAILING 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	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
<u>Jim McDonnell</u>	<u>Other</u>		
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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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	CALIFORNIA 1994 FORM <b>465</b>  2/5 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) .....	\$	226944.75
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 \$	226944.75

## 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 10-21-2014  
DATE

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

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

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

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

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

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

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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	CALIFORNIA 1994 FORM <b>465</b>
from _____	
through _____	3 / 5
	I.D. NUMBER (If Recipient Com.) 1363259

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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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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		For Official Use Only

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.

### 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)
10/15/2014	Aaron, Thomas & Associates, Inc.  Reference No:	POS	29199.75	340999.50
10/15/2014	Aaron, Thomas & Associates, Inc.  Reference No:	LIT	45796.00	340999.50
10/17/2014	Citizens for Waters  Reference No:	Slate Mailer	5000.00	340999.50
10/13/2014	Englander Knabe Allen & Associates LLC  Reference No:	RAD	140135.00	340999.50
10/13/2014	KNX 1070 Newsradio  Reference No:	RAD	info[ 40175.00]	info[ 340999.50]
10/13/2014	KFI AM 640  Reference No:	RAD	info[ 99960.00]	info[ 340999.50]
10/09/2014	Political Data, Inc.  Reference No:	Voter Data	1814.00	340999.50
10/17/2014	United Democratic Campaign Committee  Reference No:	Slate Mailer	5000.00	340999.50

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/17/2014	Women Endorse	Slate Mailer	5000.00	340999.50
	Reference No:			