

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 10/07/2014

Report No. 10072014

Amendment to Report No. _____
(explain below)

No. of Pages 2

RECEIVED 496-INDEPENDENT EXPENDITURE REPORT

LOS ANGELES COUNTY CALIFORNIA FORM 496

2014 OCT -8 PM 12:55 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
10/03/2014	NEWSPAPER AD Cumulative to date total \$233372.32	850.00
10/03/2014	GRAPHIC DESIGN Cumulative to date total \$233372.32	100.00
10/06/2014	SLATE MAILER Cumulative to date total \$233372.32	6,896.00
10/06/2014	SLATE MAILER Cumulative to date total \$233372.32	7,500.00

Reason for Amendment: _____

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RECEIVED BY
LOS ANGELES COUNTY
2014 OCT -8 PM 12:56
CAMPAIGN FINANCE
DISCLOSURE SECTION

496 INDEPENDENT EXPENDITURE REPORT
CALIFORNIA FORM 496
I.D. NUMBER (if applicable)
1367856

NAME OF FILER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014

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
10/06/2014	BRUCE KARATZ	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT BK CAPITAL	1,500.00	If loan, enter interest rate, if any _____%
10/03/2014	PETER MORTON	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FOUNDER HARD ROCK CAFE	10,000.00	If loan, enter interest rate, if any _____%
10/06/2014	A. JERROLD PERENCHIO	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CHARTWELL PARTNERS LLC	10,000.00	If loan, enter interest rate, if any _____%
10/06/2014	ROSLAND CAPITAL LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	If loan, enter interest rate, if any _____%
10/06/2014	SOUTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS PAC Committee ID# 1358150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		30,000.00	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 _____%

*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)