

# 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** 10/24/2014

**Report No.** 10242014

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 3

RECEIVED 496 INDEPENDENT EXPENDITURE REPORT  
LOS ANGELES COUNTY  
Date Stamp  
2014 OCT 27 AM 9:40  
CALIFORNIA FORM 496  
For Official Use Only  
610851  
CAMPAIGN FINANCE DISCLOSURE SECTION

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> BOBBY SHRIVER				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> County Supervisor: LOS ANGELES COUNTY, #3	<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/23/2014	NEWSPAPER AD Cumulative to date total \$675002.14	1,200.00
10/24/2014	GRAPHIC DESIGN Cumulative to date total \$675002.14	1,030.75
10/24/2014	VOTER FILE Cumulative to date total \$675002.14	1,512.22
10/24/2014	MAILER Cumulative to date total \$675002.14	67,356.20

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014		Date of This Filing <u>10/24/2014</u>	RECEIVED BY LOS ANGELES COUNTY Date Stamp <b>2014 OCT 27 AM 9:40</b>	<b>CALIFORNIA FORM 496</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1367856	Report No. <u>10242014</u>	<b>CAMPAIGN FINANCE DISCLOSURE SECTION</b>	
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	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
		X					

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/24/2014	STOCK PHOTOGRAPHS Cumulative to date total \$675002.14	106.94

Reason for Amendment: \_\_\_\_\_

496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

RECEIVED BY  
LOS ANGELES COUNTY

CALIFORNIA FORM 496

2014 OCT 27 AM 9:41

I.D. NUMBER (if applicable)

1367856

NAME OF FILER

COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014

3. Contributions of \$100 or More Received\*

CAMPAIGN FINANCE  
DISCLOSURE SECTION

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
10/23/2014	REBECCA BELLDEGRUN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BELLCO CAPITAL, LLC	8,000.00	If loan, enter interest rate, if any _____%
10/23/2014	MICHAEL BLOOMBERG	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE BLOOMBERG LP	100,000.00	If loan, enter interest rate, if any _____%
10/23/2014	FRANK O. GEHRY & ASSOCIATES	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00	If loan, enter interest rate, if any _____%
10/24/2014	BRUCE RAMER	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY GANG, TYRE, RAMER & BROWN, INC.	5,000.00	If loan, enter interest rate, if any _____%
10/24/2014	HAIM SABAN	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN/CEO SABAN CAPITAL	50,000.00	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 (866/275-3772)