Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp		FORNIA DRM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from10/19/2014 through2014	Date of election if applicable: (Month, Day, Year)	LOS ANGI	-2 AMII: 2	or Official Use Only
1. Type of Recipient Committee: All Committees - Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee O Controlled Sponsored (Also Complete Part 6)	 2. Type of Statement: Preelection Statement X Semi-annual Statement Termination Statement (Also file a Form 410 Term Amendment (Explain below) 		Quarterly State Special Odd-Y Supplemental Statement - At	ear Report Preelection
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISO	-	Treasurer(s) NAME OF TREASURER FLORA YIN MAILING ADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHON
CITY STATE ZIF	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUREF JERRY SIMMONS MAILING ADDRESS	I, IF ANY		
CITY STATE ZIF	CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHON
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	S	an Polis o	

4. 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 on01/28/2015 Date	By Signature of Treasurer or Assistant Treasurer	
Executed on Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on Date	BySignature of Controlling Officeholder, Candidate, State Measure Proponent Fi	PPC Form 460 (January/05)
	FPPC Toll-Free Helpline: 86	

Recipient Committee Campaign Statement Cover Page — Part 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBE	R IF APPLICABLE	E)
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME			I.D. NUMBE	P
COMMITTEENAME			I.D. NOMBL	
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			🗋 YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
CITY	STATE	ZIP CC	DE	AREA CODE/PHONE
COMMITTEE NAME			I.D. NUMBE	R
NAME OF TREASURER			CONTROLL	ED COMMITTEE?
			📋 YES	□ NO
COMMITTEE ADDRESS	STREET ADDRESS	(NO P.O. BO	X)	
			-	
CITY	STATE	ZIP CC	DDE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME	OF BALLOT	MEASURE

BALLOT	NO. OR LETTER	JURISDICTION	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE BOBBY SHRIVER	OFFICE SOUGHT OR HELD County Supervisor	X SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page	to whole dollars.			State	nent covers period	CALIFORNIA FORM 460	
SEE INSTRUCTIONS ON REVERSE					through	12/31/2014	Page of
NAME OF FILER							I.D. NUMBER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014							1367856
Contributions Received	(F	Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)		Column CALENDAR Y TOTALTOD	'EAR		nmary for Candidates ae State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	426,250.00	\$	1,317,	000.00		
2. Loans Received Schedule B, Line 3		0.00			0.00	1/1 t	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	426,250.00	\$	1,317,	000.00	20. Contributions Received \$	s
4. Nonmonetary Contributions Schedule C, Line 3		0.00		1,	462.77	21. Expenditures	······································
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	426,250.00	\$	1,318,	462.77	Made \$	
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made Schedule E, Line 4	\$	619,120.35	\$	1,282,	400.50	Candidates	,
7. Loans Made Schedule H, Line 3		0.00			0.00		. Currenditures Madet
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	619,120.35	\$	1,282,	400.50		ve Expenditures Made* voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		-57,934.21			0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		1,	462.77	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	561,186.14	\$	1,283,	863.27	//	
Current Cash Statement			Γ			//	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	227,470.40	Т	o calculate Colur	nn Badd		
13. Cash Receipts		426,250.00	ar	mounts in Colum	n A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		993.55		orresponding an om Column B of		*Amounts in this section r reported in Column B.	nay be different from amounts
15. Cash Payments		619,120.35		eport. Some ame olumn A may be			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	35,593.60	fiç	gures that shoul	d be		
If this is a termination statement, Line 16 must be zero.			pe	ubtracted from period amounts.	If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	e first report be or this calendar y arry over the arr	year, only		
Cash Equivalents and Outstanding Debts				om Lines 2, 7, a ny).	nd 9 (if		
18. Cash Equivalents See instructions on reverse	\$	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00				FPPC Toll-Free Helplin	FPPC Form 460 (January/05) ne: 866/ASK-FPPC (866/275-3772)

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Schedule /	chedule A Type or print in ink.				SCHEDULE A				
	Contributions Received		ts may be rounded whole dollars.	Statement cove	rs period	CALIFORNIA 460			
,				from10/19/20)14		RM	400	
				through $\frac{12}{31}/20$)14	Page	of	35	
SEE INSTRUCTIO	NS ON REVERSE								
NAME OF FILER						I.D. NUN	IBER		
COMMITTEE TO	D ELECT BOBBY SHRIVER SUPERVISOR 2014					136785	6		
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELE TO D/ (IF REQI	TE	
10/23/2014	REBECKA BELLDEGRUN	XIND COM OTH PTY SCC	OWNER BELLCO CAPITAL, LLC	8,000.00	8,	000.00			
10/31/2014	JENNIFER BERMAN HOLT	⊠IND □COM □OTH □PTY □SCC	GENERAL MANAGER HILTON & HYLAND	250.00		250.00			
10/27/2014	BIZFED PAC, A PROJECT OF LOS ANGELES COUNTY BUSINESS FEDERATION (ID# 1305594)	☐ IND X COM ☐ OTH ☐ PTY ☐ SCC		11,000.00	11,	000.00			
10/27/2014	JACOB BLOOM	XIND COM OTH PTY SCC	ATTORNEY BLOOM HERGOTT DIEMER ROSENTHAL	5,000.00	5,	000.00			
10/23/2014	MICHAEL BLOOMBERG	IND □COM □OTH □PTY □SCC	EXECUTIVE BLOOMBERG LP	100,000.00	100,	000.00			
			SUBTOTAL	\$ 124,250.00					
Schedule	A Summary				*Cor	tributor Co	odes		
1. Amount re	eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	426,250.00	CON	(other t	nt Committe han PTY or	SCC)	
	ceived this period – unitemized monetary contribution	s of less than	\$100 \$	0.00	PTY	- Political			
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.) TOTAL \$	426,250.00	sco		ontributor Co)	
		,	,		oll-Free Helplin		Form 460 (、 <-FPPC (86		

Schedule A (Continuation Sheet) Type or print in ink. Monetary Contributions Received Amounts may be rounded to whole dollars.		be rounded	Statement cover from 10/19/ through 12/31/	2014	SCHEDULE A (CC CALIFORNIA FORM 46 Page 5_ of 35				
NAME OF FILER						I.D. NU	MBER		
COMMITTEE TO	ELECT BOBBY SHRIVER SUPERVISOR 2014					13678	56		
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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)		
10/27/2014	JERRY BRUCKHEIMER	XIND COM OTH PTY SCC	PRODUCER JERRY BRUCKHEIMER FILMS	10,000.00	10,000.00		10,000.00		
10/27/2014	SUSAN BUFFETT	⊠IND □COM □OTH □PTY □SCC	CHAIR THE SHERWOOD FOUNDATION	1,000.00	1,0	000.00			
11/03/2014	CHEVRON CORPORATION AND ITS SUBSIDIARIES / AFFILIATES CONTRIBUTION RECEIVED FROM CHEVRON POLICY GOVT & PUBL AFFAIRS	☐IND ☐COM ☑OTH ☐PTY ☐SCC		3,500.00	3,5	500.00			
10/29/2014	JOHN DAVIS	XIND COM OTH PTY SCC	PRODUCER DAVIS ENTERTAINMENT	4,500.00	4,5	500.00			
10/30/2014	RICHARD K DESCHERER	XIND COM OTH PTY SCC	ATTORNEY WILLKIE FARR & GALLAGHER LLP	3,000.00	3,0	000.00			
			SUBTOTAL	\$ 22,000.00					

	(Continuation Sheet) Type or print in ink. ontributions Received Amounts may be rounded to whole dollars.		be rounded	Statement covers period from10/19/2014 through12/31/2014		SCHEDULE A (C riod CALIFORNIA 46 FORM 46				
NAME OF FILER						I.D. NUMBER				
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014										
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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR TO L	ECTION DATE QUIRED)			
10/21/2014	DISTRICT COUNCIL OF IRON WORKERS PAC (ID# 831693)	☐ IND ☐ COM ☐ OTH ☐ PTY ∑ SCC		2,500.00	2,5	00.00				
11/11/2014	ENGINEERING CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (ID# 790729)	☐ IND X COM ☐ OTH ☐ PTY ☐ SCC		1,500.00	1,5	00.00				
10/28/2014	TOM FRESTON	∑IND □COM □OTH □PTY □SCC	PRINCIPAL FIREFLY3	2,000.00	2,0	00.00				
10/27/2014	MELINDA GATES	∑IND □COM □OTH □PTY □SCC	CO-CHAIR BILL AND MELINDA GATES FOUNDATION	25,000.00	25,0	00.00				
10/27/2014	WILLIAM H. GATES III	XIND COM OTH PTY SCC	CO-CHAIR BILL AND MELINDA GATES FOUNDATION	25,000.00	25,0	00.00				
			SUBTOTAL	\$ 56,000.00						

	A (Continuation Sheet)	Type or pri					SCHEDULE A (CONT.)	
Monetary	Contributions Received	Amounts may to whole o		Statement cove			^{ornia} 460	
				through12/31/	2014	Page	7 of <u>35</u>	
NAME OF FILER			· · · · · · · · · · · · · · · · · · ·			I.D. NUM	BER	
COMMITTEE TO	ELECT BOBBY SHRIVER SUPERVISOR 2014		1			136785	6	
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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/23/2014	FRANK O. GEHRY AND AFFILIATED ENTITIES CONTRIBUTION RECEIVED FROM FRANK O. GEHRY & ASSOCIATES	⊠IND □COM □OTH □PTY □SCC	ARCHITECT FRANK O. GEHRY & ASSOCIATES	25,000.00	25,0	00.00		
10/31/2014	PETER T. GRAUER	⊠IND □COM □OTH □PTY □SCC	CHAIRMAN BLOOMBERG LP	3,000.00	3,0	00.00		
10/31/2014	HNTE CORPORATION	☐ IND ☐ COM ⊠ OTH ☐ PTY ☐ SCC		5,000.00	5,0	00.00		
11/04/2014	JMN, INC.	☐ IND ☐ COM ⊠ OTH ☐ PTY ☐ SCC		10,000.00	10,0	00.00		
10/31/2014	LA JOBS PAC: SPONSORED BY LOS ANGELES AREA CHAMBER OF COMMERCE (ID# 990680)	☐ IND IND IND IND IND IND IND IND		40,000.00	40,0	00.00		
			SUBTOTAL	\$ 83,000.00				

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 10/19/2014 through 12/31/2014		SCHEDULE A (COL CALIFORNIA FORM 460 Page 8 of 35	
NAME OF FILER						I.D. NUMB	
COMMITTEE TO	ELECT BOBBY SHRIVER SUPERVISOR 2014	1				1367856	
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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
11/10/2014	JAMES L. NEDERLANDER	⊠IND □COM □OTH □PTY □SCC	PRODUCER JMN, INC.	5,000.00	5,0	000.00	
10/21/2014	NILE NIAMI	∑IND COM OTH PTY SCC	REAL ESTATE DEVELOPER SKYLINE DEVELOPMENT	50,000.00	50,0	000.00	
10/31/2014	RICHARD PLEPLER	∑ IND COM OTH PTY SCC	CHAIRMAN AND CEO HBO	1,000.00	1,0	000.00	
10/24/2014	BRUCE RAMER	XIND COM OTH PTY SCC	ATTORNEY GANG, TYRE, RAMER & BROWN, INC.	5,000.00	5,(000.00	
10/24/2014	HAIM SABAN	⊠IND □COM □OTH □PTY □SCC	CHAIRMAN/CEO SABAN CAPITAL	50,000.00	50,0	000.00	
			SUBTOTAL	111,000.00		- Andria	

Schedule A (Continuation Sheet) Monetary Contributions Received		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from10/19/2014		CALIFORNIA FORM 460		460
				through12/31/	2014	-	<u> </u>	35
NAME OF FILER						I.D. NUN		
COMMITTEE TO	ELECT BOBBY SHRIVER SUPERVISOR 2014		1	1		13678	56	
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 THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)			
10/31/2014	SOUTHERN CALIFORNIA DISTRICT COUNCIL OF LABORERS PAC (ID# 1358150)	□IND □COM □OTH □PTY ⊠SCC		20,000.00	50,000.00			
10/29/2014	JONATHAN WACHTER	⊠IND □COM □OTH □PTY □SCC	STUDENT	2,500.00	2,5	500.00		
10/29/2014	TESS WACHTER	XIND COM OTH PTY SCC	NONE	2,500.00	2,	500.00		
10/30/2014	DAVID SCOTT WARMUTH	XIND COM OTH PTY SCC	ATTORNEY LAW OFFICES OF SCOTT WARMUTH	5,000.00	10,	00.00		
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 30,000.00				

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Type or print Amounts may b to whole do	e rounded	Statement covers from	14	CALIFORNIA FORM 460		
COMMITTEE T	O ELECT BOBBY SHRIVER SUPERVISOR 2014					1367856		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC.	/EAR	PER ELECTION TO DATE (IF REQUIRED)	
10/21/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	VOTER FILE	996.25	1,069,0	077.88		
10/21/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	MAILER	32,557.10	1,069,0	077.88		
10/21/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	GRAPHIC DESIGN	1,302.00	1,069,	077.88		
			SUBTOTAL	\$ 34,855.35				

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$	500,137.20
2. Unitemized contributions and independent expenditures made this period of under \$100	\$	0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	OTAL \$	500,137.20

FPPC Form 460 (Jan/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or pri Amounts may to whole c	be rounded	Statement covers from 10/19/20 through 12/31/20	14 Pa	SCHEDULE D (CONT.) LIFORNIA FORM 460
	O ELECT BOBBY SHRIVER SUPERVISOR 2014					67856
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO E CALENDAR YEA (JAN. 1 - DEC. 31)	R TO DATE
10/23/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	NEWSPAPER AD	1,200.00	1,069,077	7.88
10/24/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	GRAPHIC DESIGN	1,030.75	1,069,077	7.88
10/24/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution Nonmonetary Contribution Independent Expenditure	VOTER FILE	1,512.22	1,069,07	7.88
10/24/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	MAILER	67,356.20	1,069,071	7.88
			SUBTOTAL	\$ 71,099.17		

FPPC Form 460 (Jan/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or pri Amounts may to whole c	be rounded	Statement covers from10/19/20 through12/31/20		CALIFORNIA FORM 460		
NAME OF FILER					1.D. N	IUMBER		
COMMITTEE T	O ELECT BOBBY SHRIVER SUPERVISOR 2014				136	7856		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31)			
10/24/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	STOCK PHOTOGRAPHS	106.94	1,069,077.	88		
10/27/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	VOTER FILE	1,431.46	1,069,077.	88		
10/27/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	CONSULTING	659.63	1,069,077.	88		
10/27/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	MAILER	66,772.72	1,069,077.	88		
			SUBTOTAL	\$ 68,970.75				

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or pri Amounts may to whole c	be rounded	Statement covers from 10/19/20 through 12/31/20	14 FO	CALIFORNIA 460		
COMMITTEE TO	O ELECT BOBBY SHRIVER SUPERVISOR 2014				13678	356		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/27/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	GRAPHIC DESIGN	1,030.75	1,069,077.88	3		
10/27/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution	RADIO ADS	100,000.00	1,069,077.88	3		
10/27/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution Nonmonetary Contribution Independent Expenditure	RADIO ADS	1,070.00	1,069,077.8	8		
10/28/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	MAILER	111,667.73	1,069,077.8	В		
			SUBTOTAL S	\$ 213,768.48				

FPPC Form 460 (Jan/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or pri Amounts may to whole c	be rounded	Statement covers period from 10/19/2014 through 12/31/2014		CALIFORNIA 460 FORM 460	
COMMITTEE TO	O ELECT BOBBY SHRIVER SUPERVISOR 2014					136785	6
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/28/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution Nonmonetary Contribution Independent Expenditure	VOTER FILE	1,936.97	1,069,	,077.88	
10/28/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution Nonmonetary Contribution Independent Expenditure	CONSULTING	7,000.00	1,069	,077.88	i
10/29/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution Nonmonetary Contribution Independent Expenditure	VOTER FILE	999.08	1,069	,077.88	
10/29/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	TRANSLATION SERVICE	400.00	1,069	,077.88	
			SUBTOTAL	\$ 10,336.05			

FPPC Form 460 (Jan/05) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may	pe or print in ink. nts may be rounded Statement covers period whole dollars. from 10/19/2014 through 12/31/2014			CALIFORNIA 460 FORM 460 Page 15 of 35		
COMMITTEE TO	D ELECT BOBBY SHRIVER SUPERVISOR 2014					1367856		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
10/29/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	MAILER	32,780.40	1,069,077.88			
10/29/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	GRAPHIC DESIGN	1,302.00	1,069,077.88			
10/29/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	RADIO ADS	40,000.00	1,069,	077.88		
10/30/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	NEWSPAPER AD	1,500.00	1,069,	077.88		
			SUBTOTAL	\$ 75,582.40				

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or pri Amounts may to whole c	be rounded	Statement covers from10/19/20 through12/31/20	14 CALI 14 Pag	SCHEDULE D (CONT.) FORNIA ORM 460
COMMITTEE T	O ELECT BOBBY SHRIVER SUPERVISOR 2014		· · · · · · · · · · · · · · · · · · ·		CUMULATIVE TO DAT	7856 TE PER ELECTION
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
10/30/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution Nonmonetary Contribution Independent Expenditure	NEWSPAPER AD	1,200.00	1,069,077.1	38
10/31/2014	X Support Oppose BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	Monetary Contribution Nonmonetary Contribution X Independent Expenditure	CONSULTING	1,750.00	1,069,077.	38
10/31/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	Monetary Contribution Nonmonetary Contribution Independent Expenditure	RADIO ADS	20,000.00	1,069,077.	88
10/31/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3 X Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	VIDEOS	75.00	1,069,077.	88
			SUBTOTAL	\$ 23,025.00		

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or pri Amounts may to whole o	be rounded	Statement covers period from 10/19/2014 through 12/31/2014			CALIFORNIA FORM 460		
						I.D. NUMI			
DATE	O ELECT BOBBY SHRIVER SUPERVISOR 2014 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - D	RYEAR	PER ELECT TO DATE (IF REQUIR	E	
10/31/2014	BOBBY SHRIVER County Supervisor LOS ANGELES COUNTY, #3	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 	CONSULTING	2,500.00	1,065	,077.88			
	Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 							
	Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 							
	Support Oppose	 Monetary Contribution Nonmonetary Contribution Independent Expenditure 							
			SUBTOTAL	\$ 2,500.00					

Schedule E Payments Made	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460
	to whole dollars.	from10/19/2014	
		through	Page of
NAME OF FILER			I.D. NUMBER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856
CODES: If one of the following codes accurately desc	ibes the payment, you may enter the code. Othe	erwise, describe the payment.	

CNS can CTB con CVC civic FIL can FND fund IND inde LEG lega	draising events ependent expenditure supporting/opposing others (explain)*	MTG OFC PET PHO POL POS PRO	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
--	---	---	--	---	---

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID
ACTBLUE	OFC			197.50
ACTBLUE	OFC			39.50
AUSTIN/EGOSCUE DEVELOPMENT	CNS			10,000.00
* Payments that are contributions or independent expenditu	ires must also be summarized on	Schedule D.	SUBTO	TAL\$ 10,237.00

Schedule E Summary

1.	Itemized payments made this period. (Include all Schedule E subtotals.)\$	619,120.35
2.	Unitemized payments made this period of under \$100\$	0.00
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0.00
4.	. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$	619,120.35

Schedule E			The second secon	SCHEDULE E (CONT.)			
(Continuation Sheet)		Type or print in ink. Amounts may be rounded			atement covers period		
•	ments Made	to whole dollars.		from		CALIFORNIA FORM 460	
SEE IN	ISTRUCTIONS ON REVERSE			throu	gh12/31/2014	Page 19 of 35	
NAME	OF FILER					I.D. NUMBER	
COMM	ITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014					1367856	
COD	ES: If one of the following codes accurately describe	s the	payment, you may enter the code. Othe	rwise,	describe the payment.		
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production	costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions		
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries		
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and prod		
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and		
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging,		
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF		s of the same candidate/sponsor	
LEG	legal defense	PRÓ	professional services (legal, accounting)	VOT	voter registration		
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs	(internet, e-mail)	

NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER 1.D. NUME	E CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAPITAL STRATEGIES	CNS			246.10
CAPITAL STRATEGIES	CNS			15,000.00
CAPITAL STRATEGIES	CNS			5,021.25
CAPITAL STRATEGIES	CNS			15,000.00
CAPITAL STRATEGIES	CNS			10,000.00
* Payments that are contributions or independent expendit	ures must also be summarized on Schedule	D.	SUBTOTAL \$	45,267.35

SCHEDULE E (CONT.)		Schedule E (Continuation Sheet) Payments Made	
Type or print in ink. Amounts may be rounded Amounts dellar			
to whole dollars. from 10/19/2014 FORM 400	to whole dollars.		
through <u>12/31/2014</u> Page <u>20</u> of <u>35</u>		SEE INSTRUCTIONS ON REVERSE	
I.D. NUMBER			
		COMMITTEE TO ELECT BOBBY SHRIVER	
BRmember communicationsRADradio airtime and production costsTGmeetings and appearancesRFDreturned contributionsFCoffice expensesSALcampaign workers' salariesETpetition circulatingTELt.v. or cable airtime and production costsHOphone banksTRCcandidate travel, lodging, and mealsOLpolling and survey researchTSFtransfer between committees of the same candidate/sponsorROprofessional services (legal, accounting)VOTvoter registration	MBR member communications MTG meetings and appearanc OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea (explain)* POS postage, delivery and me PRO professional services (le	CVP campaign paraphernalia/misc. CNP campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/s LEG legal defense LIT campaign literature and mailings	
CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID		NAME AND (IF COMMITTEE	
OFC 9,180.45	OFC	CLICK & PLEDGE	
OFC 46.10	OFC	CLICK & PLEDGE	
IND RADIO ADS SUPPORTING BOBBY SHRIVER 1,070.00	IND	FIRESTAR STUDIOS	
TG meetings and appearances RFD returned contributions FC office expenses SAL campaign workers' salaries TF petition circulating TEL t.v. or cable airtime and production costs Ophone banks TRC candidate travel, lodging, and meals Dpolling and survey research TRS staff/spouse travel, lodging, and meals Optote specific expenses TRS staff/spouse travel, lodging, and meals Optote specific expenses TSF transfer between committees of the same candidate/sp VOT voter registration VCT VT voter registration VEB OFC OFC 9, 1	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea PRO professional services (le PRT print ads //EE CODE //EE OFC	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/s LEG legal defense LIT campaign literature and mailings NAME AND (IF COMMITTEE CLICK & PLEDGE CLICK & PLEDGE	

GREENSTRIPE MEDIA INC. IND RADIO ADS SUPPORTING BOBBY SHRIVER GREENSTRIPE MEDIA INC. IND RADIO ADS SUPPORTING BOBBY SHRIVER

100,000.00

40,000.00

150,296.55

Schedule E	True exercise in inte	SCHEDULE E (CONT.)			
(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460		
Payments Made	to whole dollars.	from10/19/2014	FORM 400		
SEE INSTRUCTIONS ON REVERSE		through12/31/2014	Page21_ of35		
NAME OF FILER			I.D. NUMBER		
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 201	4		1367856		
CODES: If one of the following codes accurately	describes the payment, you may enter the code. O	therwise, describe the payment	t.		
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and productio	n costs		
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salarie			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a			
FND fundraising events IND independent expenditure supporting/opposing others (ex	POL polling and survey research	TRS staff/spouse travel, lodging TSF transfer between committe			
IND independent expenditure supporting/opposing others (ex	<pre>kplain)* POS postage, delivery and messenger services</pre>	ise transier between committe	es of the same candidate/sponsor		

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT

print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

LEG legal defense

LΠ campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	A	MOUNT PAID
GREENSTRIPE MEDIA INC.	IND	RADIO ADS SUPPORTING BOBBY SHRIVER		20,000.00
IMAGE ASSOCIATES	PRO			565.50
KAUFMAN CAMPAIGN CONSULTANTS, INC.	IND	MAILER SUPPORTING BOBBY SHRIVER		87.32
KAUFMAN CAMPAIGN CONSULTANTS, INC.	IND	MAILER SUPPORTING BOBBY SHRIVER		106.94
KAUFMAN CAMPAIGN CONSULTANTS, INC.	IND	MAILER SUPPORTING BOBBY SHRIVER		659.63
* Payments that are contributions or independent expenditures must also be summarized	d on Schedule D		SUBTOTAL \$	21,419.39

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014	Type or print Amounts may be to whole do	rounded		Statement covers period from10/19/2014 through12/31/2014	CALIFORM FORM	HEDULE E (CONT.)
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen- PET petition circul PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey resea very and m	es	erwise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging TSF transfer between committe VOT voter registration WEB information technology cos	n costs oduction costs nd meals , and meals es of the same of	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNT PAID
KAUFMAN CAMPAIGN CONSULTANTS, INC.		POS				54.62 4,081.63
RYAN KNIGHT		IND	CONSULTING SUPPOR	RTING BOBBY SHRIVER		7,000.00
RYAN KNIGHT		IND	CONSULTING SUPPOR	RTING BOBBY SHRIVER		1,750.00
RYAN KNIGHT		IND	VIDEOS SUPPORTING	3 BOBBY SHRIVER		525.00
* Payments that are contributions or independent expenditures must also	o be summarized on	Schedule D		S	UBTOTAL \$	13,411.25

Schedule E	The second state in the		SCHEDULE E (CONT.)				
(Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460				
	to whole dollars.	from10/19/2014	FORM 400				
SEE INSTRUCTIONS ON REVERSE		through	Page of				
NAME OF FILER			I.D. NUMBER				
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2	2014		1367856				
CODES: If one of the following codes accurate	ely describes the payment, you may enter the code.	Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions					
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries					
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	duction costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, an	nd meals				

- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

VOT voter registration WEB information technology costs (internet, e-mail)

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

TRS

TSF

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
RYAN KNIGHT	CNS		5,600.00
RYAN KNIGHT	CMP		120.00
LAUREL HARDWARE	СМР		5,000.00
MAILRITE PRINT & MAIL INC.	IND	MAILER SUPPORTING BOBBY SHRIVER (INDEPENDENT	32,557.10
PRIDATE FRINT & PAID INC.	IND	EXPENDITURE MADE AFTER 10/18/14)	52,557.10
MAILRITE PRINT & MAIL INC.	IND	MAILER SUPPORTING BOBBY SHRIVER	67,356.20
* Payments that are contributions or independent expenditures must also be summarized c	n Schedule D	SUBTOTAL	\$ 110,633.30

FND fundraising events

legal defense

campaign literature and mailings

independent expenditure supporting/opposing others (explain)*

IND

LΠ

LEG

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or print Amounts may be to whole do	rounded		from _	10/19/2014 10/19/2014 10/12/31/2014	CALIFORN FORM	EDULE E (CONT.)
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014	-					1367856	
CNS campaign consultants M CTB contribution (explain nonmonetary)* Of CVC civic donations PE FIL candidate filing/ballot fees PF FND fundraising events PC IND independent expenditure supporting/opposing others (explain)* PC LEG legal defense PF	BR member com TG meetings and office expen petition circul HO phone banks OL polling and s OS postage, deli	munications d appearance ses ating urvey resear very and me	25	RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and pro- candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction costs d meals and meals s of the same o	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION	OF PAYMENT		AMOUNT PAID
MAILRITE PRINT & MAIL INC.		IND	MAILER SUPPORTING	BOBBY	SHRIVER		32,780.40
MAILRITE PRINT & MAIL INC.		IND	MAILER SUPPORTING	BOBBY	SHRIVER		111,667.73
MAILRITE PRINT & MAIL INC.		IND	MAILER SUPPORTING	BOBBY	SHRIVER		66,772.72
CHRISTOPHER MCNEIL		IND	MAILER SUPPORTING	BOBBY	SHRIVER		1,302.00
CHRISTOPHER MCNEIL		IND	MAILER SUPPORTING EXPENDITURE MADE		SHRIVER (INDEPENDENT 10/18/14)		1,302.00
* Payments that are contributions or independent expenditures must also be	e summarized on	Schedule D.			SL	JBTOTAL \$	213,824.85

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014	Type or print Amounts may be to whole do	rounded		from	tement covers period 10/19/2014 h12/31/2014	CALIFORN FORM	HEDULE E (CONT.) NIA 460
CODES: If one of the following codes accurately describes CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com meetings and OFC office expen- PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses ating urvey resea very and me	es	RAD RFD SAL TEL TRC TRS SF TSF T	describe the payment. radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and proc candidate travel, lodging, an staff/spouse travel, lodging, transfer between committee voter registration information technology costs	duction costs d meals and meals is of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION	OF PAYMENT		AMOUNT PAID
CHRISTOPHER MCNEIL		IND	MAILER SUPPORTING				949.38
CHRISTOPHER MCNEIL		IND	MAILER SUPPORTING	G BOBBY	SHRIVER		1,030.75
CHRISTOPHER MCNEIL		IND	MAILER SUPPORTING	G BOBBY	SHRIVER		1,030.75
CHRISTOPHER MCNEIL		IND	MAILER SUPPORTING	G BOBBY	SHRIVER		1,302.00
* Payments that are contributions or independent expenditures must also	be summarized on	Schedule D.	•		SL	JBTOTAL \$	5,343.63

Schedule E	The second states that	SCHEDULE E (CONT.)				
(Continuation Sheet)	Type or print in ink. Amounts may be rounded	Statement covers period	CALIFORNIA 460			
Payments Made	Payments Made to whole dollars.		FORM 400			
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2014</u>	Page of5			
NAME OF FILER						
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 201	4		1367856			
CODES: If one of the following codes accurately	describes the payment, you may enter the code. O	therwise, describe the payment.				
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	1 costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	N			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, ar				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,				
IND independent expenditure supporting/opposing others (ex	(plain)* POS postage, delivery and messenger services	TSF transfer between committee	es of the same candidate/sponsor			

professional services (legal, accounting)

VOT voter registration

WEB information technology costs (internet, e-mail)

PRO

PRT print ads

- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LΠ campaign literature and mailings
- NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) ALFREDO MEDINA IND MAILER SUPPORTING BOBBY SHRIVER 400.00 POLITICAL DATA INC. MAILER SUPPORTING BOBBY SHRIVER IND 996.25 POLITICAL DATA INC. IND MAILER SUPPORTING BOBBY SHRIVER 1,795.94 POLITICAL DATA INC. IND MAILER SUPPORTING BOBBY SHRIVER 3,098.12 POLITICAL DATA INC. IND MAILERS SUPPORTING BOBBY SHRIVER 3,942.76

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 10,233.07

Schedule E (Continuation Sheet)	Type or print Amounts may be	rounded		Statement covers period	CALIFORNI	$^{\text{A}}$ 460
Payments Made	to whole do	lars.		from10/19/2014	FORM	400
SEE INSTRUCTIONS ON REVERSE				through12/31/2014	Page27	of <u>35</u>
NAME OF FILER					I.D. NUMBER	
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014					1367856	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FiL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member comin MTG meetings and OFC office expension PET petition circul PHO phone banks POL polling and s postage, deli	nunications appearance ses ating urvey resear very and me	'S	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, ar TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cost	n costs s oduction costs nd meals , and meals es of the same car	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	AN	OUNT PAID
POLITICAL DATA INC.		IND	MAILER SUPPORTING	BOBBY SHRIVER		1,936.97
REED & DAVIDSON, LLP		PRO				23,369.31
REED & DAVIDSON, LLP		PRO				2,287.68
RICHARD KATZ CONSULTING, INC.		CMP				8,360.00
RICHARD KATZ CONSULTING, INC.		IND	CONSULTING SUPPOR	TING BOBBY SHRIVER		2,500.00
* Payments that are contributions or independent expenditures must als	o be summarized on t	Schedule D.		S	UBTOTAL \$	38,453.96

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills) SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014 CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IN independent expenditure supporting/opposing others (explain)* LEG legal defense	Type or print in ink. Amounts may be round to whole dollars.	earch messenger services	RAD radio airtime an RFD returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate travel TRS staff/spouse tra	ro14 ro14 ro14 ro14 ro14 ro14 rol rol rol rol rol rol rol rol	856
LIT campaign literature and mailings	PRT print ads	(a) OUTSTANDING	WEB information tech		e-mail) (d) OUTSTANDING
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	THIS PERIOD (ALSO REPORT ON E)	BALANCE AT CLOSE OF THIS PERIOD
POLITICAL DATA INC.	IND MAILER SUPPORTING BOBBY SHRIVER	3,098.12	0.00	3,098.1	2 0.00
POLITICAL DATA INC.	IND MAILER SUPPORTING BOBBY SHRIVER	1,795.94	0.00	1,795.9	4 0.00
MAILRITE PRINT & MAIL INC.	IND MAILER SUPPORTING BOBBY SHRIVER (INDEPENDENT EXPENDITURE MADE AFTER 10/18/14)	32,557.10	0.00	32,557.1	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 37,451.16\$	0.00\$	37,451.1	5 \$ 0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) su accrued expenses under	ibtotals for \$100.)	INCU	RRED TOTALS \$	0.00
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto	tals for payments on			
3. Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)				NET \$	-57,934.21
				FPP	C Form 460 (January/05) SK-FPPC (866/275-3772)

Schedule F	Type or print in ink.		SCHEDULE F (CONT.)
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 10/19/2014 through 12/31/2014	CALIFORNIA 460 FORM of35
NAME OF FILER		,	I.D. NUMBER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856
CODES: If one of the following codes accurately de	escribes the payment, you may enter the coo	de. Otherwise, describe the paymer	nt.
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production RFD returned contributions	1 costs

- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

- LEG legal defense
- LIT campaign literature and mailings

- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CAPITAL STRATEGIES	CNS	246.10	0.00	246.10	0.00
IMAGE ASSOCIATES	PRO	565.50	0.00	565.50	0.00
CAPITAL STRATEGIES	CNS	15,000.00	0.00	15,000.00	0.00
CHRISTOPHER MCNEIL	IND MAILER SUPPORTING BOBBY SHRIVER	1,030.75	0.00	1,030.75	0.00
	SUBTOTALS	\$ 16,842.35	\$ 0.00	\$ 16,842.35	\$ 0.00

Sebedule E	Type or print in ink.		SCHEDULE F (CONT				
Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from10/19/2014	CALIFORNIA 460				
		through <u>12/31/2014</u>	Page of5				
NAME OF FILER			I.D. NUMBER				
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856				
CODES: If one of the following codes accurately desc	ribes the payment, you may enter the coo	de. Otherwise, describe the paymen	ıt.				
CNP compaign paraphernalia/misc	MBR member communications	RAD radio airtime and production	costs				

- CMP campaign paraphernalia/misc. CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- candidate filing/ballot fees FIL
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

- LEG legal defense
- campaign literature and mailings LIT

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- petition circulating PET
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- radio airtime and production RAD
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CHRISTOPHER MCNEIL	IND MAILER SUPPORTING BOBBY SHRIVER	949.38	0.00	949.38	0.00
CHRISTOPHER MCNEIL	IND MAILER SUPPORTING BOBBY SHRIVER	1,302.00	0.00	1,302.00	0.00
CHRISTOPHER MCNEIL	IND MAILER SUPPORTING BOBBY SHRIVER (INDEPENDENT EXPENDITURE MADE AFTER 10/18/14)	1,302.00	0.00	1,302.00	0.00
	SUBTOTALS	\$ 3,553.38	\$ 0.00	3,553.38	\$ 0.00

Schedule G Devenante Made by on Agent or Independent

Type or print in ink.

Contractor (on Behalf of This Committee)	to whole dollars.	from	FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2014</u>	- Page <u>31</u> of <u>35</u>
NAME OF FILER			I.D. NUMBER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
GREENSTRIPE MEDIA INC.			
CODES: If one of the following codes accurately desc	ribes the payment, you may enter the co	de. Otherwise, describe the payme	nt.
OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	n costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	5
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and pro	duction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, a	nd meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging	, and meals

independent expenditure supporting/opposing others (explain)* IND

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

- LEG legal defense
- campaign literature and mailings LIT

- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

VOT voter registration WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

Statement covers period

NAME AND ADDRESS OF PAYEE OR CREDITOR AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 30,685.00 RAD KFI-AM RAD 9,180.00 KKGO-FM KNX-AM 46,367.50 RAD KRTH-FM RAD 17,552.50

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 103,785.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

independent expenditure supporting/opposing others (explain)*

Type or print in ink.

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	from10/19/2014	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2014</u>	Page 32 of 35
NAME OF FILER			I.D. NUMBER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
GREENSTRIPE MEDIA INC.			
CODES: If one of the following codes accurately describ	es the payment, you may enter the code	. Otherwise, describe the payment	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and	uction costs
FIL Candidate illing/ballot lees	PHO phone banks	inco candidate travel, louging, and	IIICaio

- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RAD		15,300.00
RAD		16,787.50
	RAD	RAD

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 32,087.50

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FND fundraising events

campaign literature and mailings

LEG legal defense

ND

LIT

chedule G ayments Made by an Agent or Independent contractor (on Behalf of This Committee) Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from10/19/2014	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2014	Page
NAME OF FILER			I.D. NUMBER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856
NAME OF AGENT OR INDEPENDENT CONTRACTOR			•
MAILRITE PRINT & MAIL INC.			
CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Ot	herwise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a	uction costs meals
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey research POS postage, delivery and messenger services		of the same candidate/sponsor

PRT print ads

- PRO professional services (legal, accounting) VOT voter registration
 - WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. POSTMASTER	POS	POSTAGE	38,632.20
U.S. POSTMASTER	POS	POSTAGE	17,077.40
U.S. POSTMASTER	POS	POSTAGE	56,608.73
U.S. POSTMASTER	POS	POSTAGE	35,124.72
Attach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 147,443.05

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

LEG legal defense

LIT campaign literature and mailings

Schedule G

Type or print in ink.

yments Made by an Agent or Independent Amounts may be rounded to whole dollars.		from 10/19/2014	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2014</u>	Page 34 of 35
NAME OF FILER			I.D. NUMBER
COMMITTEE TO ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
RICHARD KATZ CONSULTING, INC.			
CODES: If one of the following codes accurately describ	es the payment, you may enter the code.	Otherwise, describe the payment	t.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and prod	luction costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and	d meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging,	and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees	s of the same candidate/sponsor

independent expenditure supporting/opposing others (explain)* IND

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

- LEG legal defense
- LIT campaign literature and mailings

- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

VOT voter registration WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STUDIO INSTRUMENT RENTALS	CMP			8,360.00
		1		
		i		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 8,360.00

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I			
Miscellaneous	Increases	to	Cash

SCHEDULE I

Miscellaneous Increases to Cash		Amounts may be rounded to whole dollars.	Statement covers period from10/19/2014	CALIFORNIA 460	
			through12/31/2014	Page 35 of 35	
SEE INSTRUCTION	NS ON REVERSE			I.D. NUMBER	
COMMITTEE TO	ELECT BOBBY SHRIVER SUPERVISOR 2014			1367856	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
11/17/2014	CLICK & PLEDGE	REFUND		993.55	
Attach add	litional information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 993.55	
Schedule	l Summary				
	ncreases to cash this period		\$ 993.55		
	ed increases to cash of under \$100 this period.			-	
	I interest received this period on loans made to others. (Schedu			-	
4. Total misc	cellaneous increases to cash this period. (Add Lines 1, 2, and 3 Page, Line 14.)	3. Enter here and on the			