

# 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.

Report covers period from <u>01/01/2013</u> through <u>03/30/2013</u>	Date Stamp <b>COLERK 13 APR 5AM 0:22</b>	<b>CALIFORNIA 1994 FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>05/14/2013</u>		1 / 4
		For Official Use Only

Amendment No _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below) _____ _____
Report No <u>001</u>	

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
744554

**NAME OF FILER**  
Los Angeles County Democratic Party - Issues & Advocacy Committee

**STREET ADDRESS (NO P.O. BOX)**  
777 S. Figueroa St., Ste. 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017-0000	2134526565

**OPTIONAL: FAX/E-MAIL ADDRESS**  
2134526575

## Treasurer (If recipient committee)

**NAME OF TREASURER**  
Mark Gonzalez

**MAILING ADDRESS**  
777 S. Figueroa St., Ste. 4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017-0000	2134526565

**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
Steve Ferguson	Board of Education	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

## 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	CALIFORNIA 1994 FORM <b>465</b>
from _____	
through _____	2 / 4
I.D. NUMBER (If Recipient Com.) 744554	

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NAME OF FILER

Los Angeles County Democratic Party - Issues & Advocacy Committee

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3) .....	\$	1902.20
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 \$	1902.20

## 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 04/04/13  
DATE

Executed on 04/04/13  
DATE

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

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

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

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

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

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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	CALIFORNIA 1994 FORM <b>465</b>
from _____	
through _____	3 / 4

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NAME OF FILER

Los Angeles County Democratic Party - Issues & Advocacy Committee

I.D. NUMBER (If Recipient Com.)

744554

## 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

California Secretary of State

ADDRESS

(NO. AND STREET)

1500 11th St., Room 495

CITY

Sacramento

STATE

CA

ZIP CODE

95814

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		4 / 4
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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)
03/29/2013	Targeted Communications, Inc. 1800 E. Ocean Blvd., #9 Long Beach CA 90802 Reference No:	MBR:Robocalls/Steve Ferguson	284.10	1902.20
03/30/2013	Press Print 7570 Cienega Drive Highland CA 92346 Reference No:	MBR:LIT/Steve Ferguson	550.00	1902.20
03/30/2013	Gary Atwood 12001 Lamanda Street, Apt. #1 Los Angeles CA 90066 Reference No:	MBR:LIT/Steve Ferguson	150.00	1902.20
03/30/2013	The Addressers 12730 Raymer St., Bldg. 1 Sherman Oaks CA 91605 Reference No:	MBR:POS/Steve Ferguson	305.06	1902.20
03/30/2013	The Addressers 12730 Raymer St., Bldg. 1 Sherman Oaks CA 91605 Reference No:	MBR:POS/Steve Ferguson	613.04	1902.20
03/30/2013	United States Postal Service 21801 Sherman Way Canoga Park CA 91304 Reference No:	MBR:POS/Steve Ferguson	info[ 613.04]	info[ 1902.20]