

# 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**

1 / 4

For Official Use Only

Report covers period  
from 03/31/2013  
through 04/06/2013  
Date of election if applicable:  
(Month, Day, Year)  
05/21/2013

Date Stamp  
CCLERK 13APR12PM12:29

Amendment No \_\_\_\_\_  
Report No 001

Amendment (Explain Below)

## 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
<u>Los Angeles</u>	<u>CA</u>	<u>90017-0000</u>	<u>2134526565</u>

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
<u>Los Angeles</u>	<u>CA</u>	<u>90017-0000</u>	<u>2134526565</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE  
Steve Ferguson

OFFICE SOUGHT OR HELD  
Board of Education

CHECK ONE

SUPPORT	OPPOSE
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 from _____ through _____	CALIFORNIA 1994 FORM <b>465</b>  2 / 4  I.D. NUMBER (If Recipient Com.) 744554
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SEE INSTRUCTIONS ON REVERSE

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) .....	\$	212.12
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 \$	212.12

## 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

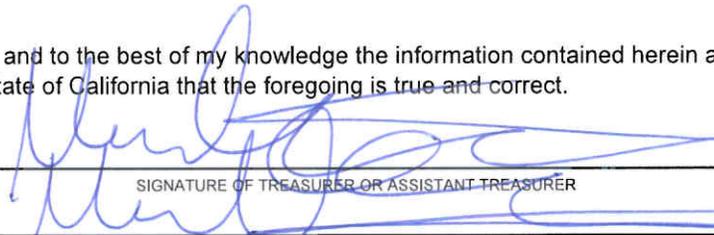
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

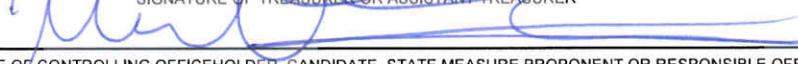
Executed on 04/11/13  
DATE

Executed on 04/11/13  
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 _____	3 / 4
through _____	

SEE INSTRUCTIONS ON REVERSE

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

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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.

Report covers period	Date Stamp	CALIFORNIA 1994 FORM <b>465</b>
from _____		
through _____		4 / 4
		For Official Use Only

### 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)
04/04/2013	Targeted Communications, Inc. 1800 E. Ocean Blvd., #9  Long Beach CA 90802 Reference No:	MBR:Robocalls/Steve Ferguson	212.12	2114.32