496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

			1	Amounts n	nay be rou		15.				
NAME OF FILER					Date of	N/A		Date Stamp	CALIFO	RNIA 🖌	06
County of Los Angeles					This Filir	ng			FOR		-96
AREA CODE/PHONE NUMBER (if applicable)				Report No1							
(213) 974-1811 N/A									For	Official Use	Only
STREET ADDRESS						ndment					
500 W. Temple St .					to Re	port No low)					
CITY		STATE	ZIP CODE			ages <u>3</u>					
Los Angeles		CA 90012			ayes <u> </u>						
Los Aligeles		CA	90012								
1. List Only One Can	didate or Ballot Mea	asure									
NAME OF CANDIDATE SU	PPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED						
					Sales Tax for Homeless Services and Prevention						
OFFICE SOUGHT OR HELD		DISTRICT NO.	RICT NO. SUPPORT OPPOSE			BALLOT NO./LETTER		JURISDICTION		SUPPORT	OPPOSE
						Н		County of Los Angeles	5	Х	
2. Independent Expe	nditures Made Attach	additional informa	ation on appro	priatelv lab	eled continu	ation sheets.					
Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets. DATE DESCRIPTION OF EXPENDITURE							AMOUNT				
2/6/17 - 3/7/17	TBWB (subvendor	- Signified Sta	LC) - WE	EB					58,500.0	0	
		a: :c 1a.									
2/6/17 – 3/7/17 TBWB (subvendor – Signified Strategies, LLC) - WEB							173,800.00				
2/6/17 – 3/7/17 TBWB (subvendor – Screen Strategies Media) - TEL							180,000.00				
2/6/17 – 3/7/17 TBWB (subvendor – Signified Strategies, LLC) – TEL/WEB						12 000 00					
2/0/1/ - 3///1/		– Signified St	lategies, Li	LC) = IL					-	2,000.0)

Reason for Amendment

CLEAR FORM

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER					Date of	N/A	Date Stamp	CALIFOR		96
County of Los Angeles					This Filing			FORM	4	30
AREA CODE/PHONE NUMBER			ER (if applicable)		Report No.	1				
(213) 974-1811 N								For C	fficial Use	Only
STREET ADDRESS					Amendment					
500 W. Temple St.					(explain below)					
CITY STATE ZIP CODE					No. of Pages	3				
Los Angeles C.			90012							
1. List Only One Can	didate or Ballot Mea	sure								
NAME OF CANDIDATE SU	IPPORTED OR OPPOSED				NAME C	F BALLOT MEASUR	E SUPPORTED OR OPPOSED			
					Sales Tax for Homeless Services and Prevention					
OFFICE SOUGHT OR HELD		DISTRICT NO. SUPPORT		OPPOSE	BALLOT	NO./LETTER	JURISDICTION	:	SUPPORT	OPPOSE
					Н		County of Los Angeles	s	Х	
2. Independent Expe	nditures Made Attach	additional inform	ation on appro	priately lab	eled continuation sh	eets.				
DATE	DESCRIPTION OF EXPENDITURE								AMOUNT	
2/6/17 - 3/7/17	TBWB (subvendor – Signified Strategies, LLC) – TEL/RAD							12,750.00		
2/6/17 - 3/7/17	TBWB (subvendor – Signified Strategies, LLC) - WEB								38,472.00	
2/6/17 - 3/7/17	TBWB (subvendor – Screen Strategies Media) – TEL/RAD							220,000.00		
2/6/17 - 3/7/17	TBWB (subvendor – Screen Strategies Media) – TEL						4,900.00			

Reason for Amendment

CLEAR FORM

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER County of Los Angeles					Date of This Filin	ng	N/A	Date Stamp	CALIFORNIA FORM	496	
AREA CODE/PHONE NUMBER (213) 974-1811	I.D. NUMB N/A	I.D. NUMBER (if applicable) N/A			lo	1		For Official Use Only			
STREET ADDRESS 500 W. Temple St.					Amendment to Report No (explain below)						
CITY Los Angeles					No. of Pa	ages	3				
List Only One Candidate or Ballot Measure NAME OF CANDIDATE SUPPORTED OR OPPOSED						NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Sales Tax for Homeless Services and Prevention					
OFFICE SOUGHT OR HELD DIST		DISTRICT NO.	RICT NO. SUPPORT OPPOS			BALLOT NO./LETTER H		JURISDICTION County of Los Angele	s X	T OPPOSE	
2. Independent Experience	nditures Made Attach	n additional informa	ation on appro	opriately labe	eled continua	ation sheets			AMOUN		
DATE		DESCRIPTION OF					F EXPENDITURE				
2/6/17 - 3/7/17	TBWB - CNS								13,990	50	

Reason for Amendment

CLEAR FORM