

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>05/17/2014</u>	Date Stamp RECEIVED BY ANGELICA 2014 MAY 28 PM 3:28	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>	Page <u>1</u> of <u>4</u> For Official Use Only	

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
761351

COMMITTEE/FILER'S NAME
California Association of Professional Employees PAC (CAPE PAC)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Peter Thomas

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Hilda Solis</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>County Supervisor: Los Angeles County District 1</u>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>
			OPPOSE <input type="checkbox"/>

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)
05/07/2014	Phil Giarrizzo Campaign Consulting	Mailer	11,375.00	11,375.00
05/07/2014	Trevor Hunt Design	Design for Mailer	1,200.00 MEMO Subpayment made through: Phil Giarrizzo Campaign Consulting	
05/07/2014	River City Printing	Mailer	2,520.00 MEMO Subpayment made through: Phil Giarrizzo Campaign Consulting	

COPY

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 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 from <u>01/01/2014</u> through <u>05/17/2014</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>4</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>06/03/2014</u>		

IV 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)
05/07/2014	Mailing Systems, Inc.	Postage	4,725.00 MEMO Subpayment made through: Phil Giarrizzo Campaign Consulting	
05/07/2014	Mailing Systems, Inc.	Mailhouse Services	1,400.00 MEMO Subpayment made through: Phil Giarrizzo Campaign Consulting	
05/07/2014	Mailing Systems, Inc.	Shipping	250.00 MEMO Subpayment made through: Phil Giarrizzo Campaign Consulting	

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Report covers period		CALIFORNIA FORM 465
from	01/01/2014	
through	05/17/2014	Page <u>3</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
California Association of Professional Employees PAC (CAPE PAC)		761351

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	11,375.00
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	\$ 11,375.00

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
Secretary of State
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on MAY 21 2014
DATE

Executed on MAY 21 2014
DATE

Executed on _____
DATE

Executed on _____
DATE

SIGNER OR ASSISTANT TREASURER

E _____
SIGNER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

**Additional Comments
For Form 465**

ADDITIONAL COMMENTS

**CALIFORNIA
FORM 465**

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NAME OF FILER

California Association of Professional Employees PAC (CAPE PAC)

I.D. NUMBER

761351

Mailing Systems, Inc. 5/7/14 \$4,725.00. Sub-subvendor: US Postmaster, 7862 Winding Way, Fair Oaks, CA 95628 \$4,725.00