

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.

Amendment (Explain Below)

Report covers period
from 01/01/2014

through 05/17/2014

Date of election if applicable:
(Month, Day, Year)

06/03/2014

Date Stamp

2014 MAY 22 PM 4:02

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

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For Official Use Only

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
Sheila Kuehl

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
County Supervisor: Los Angeles County District 3

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT OPPOSE

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

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	12,825.00	12,825.00
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	3,220.00 MEMO Subpayment made through: Phil Giarrizzo Campaign Consulting	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

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 01/01/2014 through 05/17/2014	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 MAY 22 PM 4:02 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 465 Page 2 of 4 For Official Use Only
Date of election if applicable: (Month, Day, Year) 06/03/2014		

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	6,075.00 MEMO Subpayment made through: Phil Giarrizzo Campaign Consulting	
05/07/2014	Mailing Systems, Inc.	Mailhouse Services	1,800.00 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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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2014</u> through <u>05/17/2014</u>	CALIFORNIA FORM 465
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	I.D. NUMBER (If recipient com.) 761351

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Professional Employees PAC (CAPE PAC)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>12,925.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ <u>12,925.00</u>

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

3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE

2) 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 benefited 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 complete. 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
Executed on MAY 21 2014
Executed on _____
Executed on _____

By [Signature] SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
By [Signature] 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

**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 \$6,075.00. Sub-subvondor: US Postmaster, 7862 Winding Way, Fair Oaks, CA 95628 \$6,075.00