

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

Amendment (Explain Below)

Report covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 AUG -4 AM 10:46 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>2</u>	
		For Official Use Only

1. Committee/Filer Information

COMMITTEE/FILER'S NAME
CBS OUTDOOR & AFFILIATED ENTITIES

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
1253609

Treasurer (If recipient committee)

NAME OF TREASURER

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 JIM MCDONNELL	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Sheriff-Coroner: LOS ANGELES COUNTY	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)
05/28/2014	CBS OUTDOOR	BILLBOARDS	5,000.00	5,000.00

Supplemental Independent Expenditure Report

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>06/30/2014</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 1253609

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CBS OUTDOOR & AFFILIATED ENTITIES

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>5,000.00</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>5,000.00</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
 LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK
 ADDRESS (NO. AND STREET)
 CITY STATE ZIP CODE
 CA

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 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 complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/07/2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF FILER, 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