

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**

Amendment No _____

Report No 001

Amendment (Explain Below)

Report covers period from <u>05/18/2014</u> through <u>06/30/2014</u> Date of election if applicable: (Month, Day, Year) <u>2014 AUG -4 AM 11:05</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 AUG -4 AM 11:05 CAMPAIGN FINANCE DISCLOSURE SECTION	1 / 5 For Official Use Only
--	---	------------------------------------

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
990680

Treasurer (If recipient committee)

NAME OF FILER
LA Jobs PAC: Sponsored by the Los Angeles Area Chamber of Commerce

NAME OF TREASURER
Benjamin Stilp

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
2135807586

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Jim McDermott</u>	OFFICE SOUGHT OR HELD <u>Sheriff-Coroner</u>	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	X

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

Please see attached pages

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	CALIFORNIA 1994 FORM 465 2 / 5 I.D. NUMBER (If Recipient Com.) 990680
---	--

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

LA Jobs PAC: Sponsored by the Los Angeles Area Chamber of Commerce

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	123521.96
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 \$	123521.96

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 7.30.14
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-30-14
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

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

Executed on _____
DATE

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

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period

from _____

through _____

CALIFORNIA
1994 FORM **465**

3 / 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LA Jobs PAC: Sponsored by the Los Angeles Area Chamber of Commerce

I.D. NUMBER (If Recipient Com.)

990680

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

Los Angeles City Ethics Commission

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

1) NAME OF FILING OFFICER

Los Angeles County Registrar Recorder

ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA 1994 FORM **465**

Report covers period from _____ through _____	Date Stamp	4 / 5
		For Official Use Only

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.

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)
05/23/2014	The Baughman Company Reference No:	CNS/Jim McDonnell	20188.16	248131.78
05/28/2014	The Baughman Company Reference No:	POS/Jim McDonnell	12922.86	248131.78
05/28/2014	The Baughman Company Reference No:	LIT/Jim McDonnell	12453.08	248131.78
05/28/2014	The Baughman Company Reference No:	CNS/Jim McDonnell	16766.20	248131.78
05/23/2014	The Baughman Company Reference No:	POS/Jim McDonnell	11386.84	248131.78
05/23/2014	The Baughman Company Reference No:	LIT/Jim McDonnell	5144.51	248131.78
05/23/2014	Political Data, Inc. Reference No:	LIT/Jim McDonnell	962.10	248131.78
05/28/2014	Political Data, Inc. Reference No:	LIT/Jim McDonnell	1197.13	248131.78

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.

Report covers period from _____ through _____	Date Stamp	5 / 5
		For Official Use Only

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.

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)
05/20/2014	The Baughman Company Reference No:	LIT/Jim McDonnell	6596.61	248131.78
05/20/2014	The Baughman Company Reference No:	CNS/Jim McDonnell	20891.97	248131.78
05/20/2014	The Baughman Company Reference No:	POS/Jim McDonnell	14018.29	248131.78
05/20/2014	Political Data, Inc. Reference No:	LIT/Jim McDonnell	994.21	248131.78
05/19/2014	S&S Printers Reference No:	LIT/Jim McDonnell	info[4403.60]	info[248131.78]
05/19/2014	Mailing Pros., Inc. Reference No:	LIT/Jim McDonnell	info[2193.01]	info[248131.78]
05/19/2014	U.S. Postmaster Reference No:	POS/Jim McDonnell	info[14018.29]	info[248131.78]
05/19/2014	Mailing Pros., Inc. Reference No:	POS/Jim McDonnell	info[14018.29]	info[248131.78]