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 05/18/2014 through 06/30/2014

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

Date Stamp

RECEIVED BY LOS ANGELES COUNTY 2014 JUL 14 PM 2:51 CAMPAIGN FINANCE DISCLOSURE SECTION

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee): 1354853

COMMITTEE/FILER'S NAME: Saving Local Jobs 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: David L. Gould

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE		CHECK ONE: SUPPORT	CHECK ONE: OPPOSE
James Hellmold	Sheriff-Coroner: Los Angeles County		X	
NAME OF BALLOT MEASURE	**BALLOT NO./LETTER**	**JURISDICTION**	**SUPPORT**	**OPPOSE**

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 Inserts	San Gabriel Valley Tribune	Inserts	7,600.00	46,048.88
05/23/2014 Flyer Design	Pixel Box	Flyer Design	200.00	46,048.88
05/23/2014 Mailhouse	Adcraft Business Mail	Mailhouse	2,615.00	46,048.88

Supplemental Independent Expenditure Report

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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.

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from 05/18/2014

through 06/30/2014

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CALIFORNIA FORM 465

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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)
05/23/2014 Production Cost	Billy Valdivia	Production Cost	3,000.00	46,048.88
05/23/2014 Mailer	Gabriel Moreno	Mailer	6,200.00	46,048.88
05/27/2014 POSTAGE	US Postmaster	POSTAGE	23,083.88	46,048.88
05/30/2014 Printing of Signs	Gabriel Moreno	Printing of Signs	2,100.00	46,048.88
05/23/2014 Data	Efren Martinez	Data	1,200.00	46,048.88
05/23/2014 Data	Efren Martinez	Data	50.00	46,048.88

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

Report covers period
from 05/18/2014
through 06/30/2014

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NAME OF FILER
Saving Local Jobs PAC

I.D. NUMBER (If recipient com.)
1354853

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) ..... $ 46,048.88
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 $ 46,048.88

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

Executed on 07/10/2014 (DATE) By _____ (SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER)

Executed on _____ (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)