

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

CALIFORNIA FORM 465

Date Stamp

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

Date of election if applicable:
(Month, Day, Year)
06/03/2014

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LOS ANGELES COUNTY
2014 JUL 14 PM 2:52
CAMPAIGN FINANCE
DISCLOSURE SECTION

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Amendment (Explain Below)

1. Committee/Filer Information

COMMITTEE/FILER'S NAME
Friends of Jeff Prang for L.A. County Assessor 2014 (Independent Expenditure)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
1366093

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	OPPOSE
Jeff Prang	Assessor: Los Angeles County	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
06/03/2014	Political Data Inc.	Phone Data	645.03	27,108.08
06/03/2014	Political Data Inc.	Phone Data	822.81	27,108.08
06/03/2014	Political Data Inc.	Phone Data	1,802.45	27,108.08

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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>05/18/2014</u> through <u>06/30/2014</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>3</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)
06/03/2014	Margin of Victory	Automated Calls	8,837.79	27,108.08
06/03/2014	CALIFORNIANS VOTE GREEN	Slate Mailer	15,000.00	27,108.08

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through	06/30/2014	Page <u>3</u> of <u>3</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Friends of Jeff Prang for L.A. County Assessor 2014 (Independent Expenditure)		1366093

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	27,108.08
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	\$ 27,108.08

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.*

<p>1) NAME OF FILING OFFICER</p> <p>LOS ANGELES COUNTY REGISTRAR RECORDER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>	<p>3) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>
<p>2) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>	<p>4) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>

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 <u>07/12/2014</u>	By _____
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT