

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.

Report covers period from <u>01/01/2014</u> through <u>10/18/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT 27 AM 10:46 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>	Page <u>1</u> of <u>2</u>	
		For Official Use Only

Amendment (Explain Below)

1. Committee/Filer Information

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

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

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>JEFFREY PRANG</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Assessor: LOS ANGELES COUNTY</u>	SUPPORT	OPPOSE
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)
10/16/2014	CBS OUTDOOR	ESTIMATED COST OF BILLBOARDS 10/16/14 THROUGH 11/4/14	10,000.00	10,000.00

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from	01/01/2014	
through	10/18/2014	Page <u>2</u> of <u>2</u>

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NAME OF FILER CBS OUTDOOR & AFFILIATED ENTITIES	I.D. NUMBER (If recipient com.) 1253609
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>10,000.00</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>10,000.00</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)
 12400 IMPERIAL HIGHWAY
 CITY STATE ZIP CODE
 NORWALK CA 90650

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 10-23-2014
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