

# 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**

Amendment No \_\_\_\_\_  
Report No 001

Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report covers period from <u>01/01/2014</u> through <u>10/18/2014</u>	Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY 2014 OCT 27 AM 10:51 CAMPAIGN FINANCE DISCLOSURE SECTION</b>	1 / 4 For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>		

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
990680

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

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  
Benjamin Stilp

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 <u>Jeffrey Prang</u>	OFFICE SOUGHT OR HELD <u>Assessor</u>	CHECK ONE	
		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 <b>465</b>  2 / 4 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) .....	\$	2924.69
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 \$	2924.69

## 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 10-22-14  
DATE

Executed on 10-22-17  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF 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

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	CALIFORNIA 1994 FORM <b>465</b>
from _____	
through _____	3 / 4

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)

200 N. Spring St., #2410

CITY

STATE

ZIP CODE

Los Angeles

CA

90012

1) NAME OF FILING OFFICER

Los Angeles County Registrar Recorder

ADDRESS

(NO. AND STREET)

12400 Imperial Highway

CITY

STATE

ZIP CODE

Norwalk

CA

90650

# 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.

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

<b>Report covers period</b> from _____ through _____	<b>Date Stamp</b>	<b>CALIFORNIA 1994 FORM 465</b>
		4 / 4
		For Official Use Only

### 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)
10/07/2014	Margin of Victory  Reference No:	PHO/Jeffrey Prang, Support	1318.04	2924.69
10/07/2014	Political Data, Inc.  Reference No:	Voter Data/Jeffrey Prang, Support	1606.65	2924.69