

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

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 10:52 CAMPAIGN FINANCIAL DISCLOSURE SECTION	CALIFORNIA FORM 465 Page <u>1</u> of <u>3</u> For Official Use Only
<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>	

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1372337

Treasurer (If recipient committee)

NAME OF TREASURER

Don Jeffrey Steck

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

COMMITTEE/FILER'S NAME

First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association

STREET ADDRESS (NO P.O. BOX) for Los Angeles Deputy Sheriffs

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

Sheila Kuehl

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

County Supervisor: Los Angeles County District 3

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)
10/06/2014	Phil Giarrizzo Campaigns	POS/Sheila Kuehl/Support	97,873.90	122,248.90
10/06/2014	Mailing Systems, Inc.	POS/Sheila Kuehl/Support MEMO Subpayment made through: Phil Giarrizzo Campaigns	97,873.90	
10/06/2014	Phil Giarrizzo Campaigns	LIT/Sheila Kuehl/Support	24,375.00	122,248.90

FPPC Form 465 (June/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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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	Date Stamp	CALIFORNIA FORM 465
from <u>01/01/2014</u>		
through <u>10/18/2014</u>		
Date of election if applicable: (Month, Day, Year)		Page <u>2</u> of <u>3</u>
<u>11/04/2014</u>		For Official Use Only

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)
10/06/2014	Michael Kennedy	LIT/Sheila Kuehl/Support	1,500.00 MEMO Subpayment made through: Phil Giarrizzo Campaigns	
10/06/2014	Alamy	LIT/Sheila Kuehl/Support	1,000.00 MEMO Subpayment made through: Phil Giarrizzo Campaigns	
10/06/2014	River City Printers	LIT/Sheila Kuehl/Support	21,875.00 MEMO Subpayment made through: Phil Giarrizzo Campaigns	

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	Page <u>3</u> of <u>3</u>
	I.D. NUMBER (if recipient com.) 1372337

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NAME OF FILER
First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	122,248.90
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 \$	122,248.90

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 10/22/14
DATE

Executed on 10/22/14
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
ASSISTANT TREASURER

By _____
SIGNATURE OF CONTRO... TE, 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