10/7/14 (3)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

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 01/01/2014 through 09/30/2014

Date of election if applicable: (Month, Day, Year) 11/04/2014

Date Stamp: RECEIVED BY LOS ANGELES COUNTY 2014 OCT 14 PM 4:14 CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA FORM **465**

Page 1 of 4

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee): 971616

COMMITTEE/FILER'S NAME: Planned Parenthood Advocacy Project Los Angeles County Action Fund

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: Michael Bernstein

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	SUPPORT	OPPOSE
Sheila Kuehl	County Supervisor: Los Angeles County District 3	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)
09/30/2014	Planned Parenthood Advocacy Project Los Angeles County	Data List for Phone Banking	87.00	3,787.78
09/26/2014	Planned Parenthood Advocacy Project Los Angeles County	Online Content for Website	8.58	3,787.78
09/30/2014	Protecting Choice in California, a project of Planned Parenthood Affiliates of California	Consulting	250.00	3,787.78

Supplemental Independent Expenditure Report

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

SEE INSTRUCTIONS ON REVERSE

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 01/01/2014
through 09/30/2014

Date of election if applicable: (Month, Day, Year)
11/04/2014

Date Stamp
RECEIVED BY LOS ANGELES COUNTY
2014 OCT 14 PM 4:14
CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA FORM 465

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)
09/30/2014	Protecting Choice in California, a project of Planned Parenthood Affiliates of California	Data List for Phone Banking	1,800.00	3,787.78
09/30/2014	Planned Parenthood Advocacy Project Los Angeles County	Online Voter Guide	5.13	3,787.78
09/15/2014	Planned Parenthood Action Fund	Mobile Voter Guide	10.60	3,787.78
05/22/2014	Planned Parenthood Advocacy Project Los Angeles County	Voter Guide	78.47	3,787.78
06/02/2014	Planned Parenthood Advocacy Project Los Angeles County	Voter Guide	60.00	3,787.78
09/30/2014	Planned Parenthood Advocacy Project Los Angeles County	Staff Time	238.00	3,787.78

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

Report covers period
from 01/01/2014
through 09/30/2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Planned Parenthood Advocacy Project Los Angeles County Action Fund

I.D. NUMBER (If recipient com.)
971616

4. Summary

1. Total independent expenditures of $100 or more made this period. (Part 3.) ..... $ 3,787.78
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** $ 3,787.78

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
Secretary of State
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 10/06/2014
DATE

R
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on 10/06/2014
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