

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>09/30/2014</u>	Date Stamp RECEIVED BY LOS ANGELES CO 2015 FEB -5 AM 11:45 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 465 Page <u>1</u> of <u>4</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>		

Amendment (Explain Below)

Update Supplemental Independent Expenditure Report

1. Committee/Filer Information

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

I.D. NUMBER (If recipient committee)
971616

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

CHECK ONE

NAME OF CANDIDATE Sheila Kuehl	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE County Supervisor: Los Angeles County District 3	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>
			OPPOSE <input type="checkbox"/>

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	2,683.63
09/26/2014	Planned Parenthood Advocacy Project Los Angeles County	Online Content for Website	8.58	2,683.63
09/30/2014	Protecting Choice in California, a project of Planned Parenthood Affiliates of California	Consulting	250.00	2,683.63

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from	01/01/2014		
through	09/30/2014	Page <u>2</u> of <u>4</u>	
Date of election if applicable: (Month, Day, Year)		For Official Use Only	
11/04/2014			

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.

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	695.85	2,683.63
09/30/2014	Planned Parenthood Advocacy Project Los Angeles County	Online Voter Guide	5.13	2,683.63
09/15/2014	Planned Parenthood Action Fund	Mobile Voter Guide	10.60	2,683.63
05/22/2014	Planned Parenthood Advocacy Project Los Angeles County	Voter Guide	78.47	2,683.63
06/02/2014	Planned Parenthood Advocacy Project Los Angeles County	Voter Guide	60.00	2,683.63
09/30/2014	Planned Parenthood Advocacy Project Los Angeles County	Staff Time	238.00	2,683.63

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from	01/01/2014	
through	09/30/2014	Page <u>4</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Planned Parenthood Advocacy Project Los Angeles County Action Fund		971616

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2,683.63
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 \$	2,683.63

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	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 01/28/15 DATE
 Executed on 01/28/15 DATE
 Executed on _____ DATE
 Executed on _____ DATE

By [Signature] SIGNATURE OF FILER, 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