

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>10/01/2014</u> through <u>10/18/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2015 FEB -5 AM 11:47 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</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

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

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	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)
10/01/2014	Planned Parenthood Advocacy Project Los Angeles County	Staff Time; 10/1 - 10/18	744.79	3,428.42

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Report covers period		CALIFORNIA FORM 465
from	10/01/2014	
through	10/18/2014	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Planned Parenthood Advocacy Project Los Angeles County Action Fund		971616

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	744.79
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 \$	744.79

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

E, [Signature] 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