

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

Amendment (Explain Below)

Report covers period
from 05/18/2014
through 06/30/2014

Date of election if applicable:
(Month, Day, Year)
06/03/2014

Date Stamp
RECEIVED
LOS ANGELES COUNTY
2014 AUG -4 AM 10:48
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 465

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1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1365279

COMMITTEE/FILER'S NAME
Safety First: A Committee Supporting Paul Tanaka for L.A. Sheriff 2014

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
Rita Copeland

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	CHECK ONE	
		SUPPORT	OPPOSE
<u>Paul Tanaka</u>	<u>Sheriff-Coroner: Los Angeles County</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
05/23/2014	La Opinion	Print Ad to Support Paul Tanaka	2,496.15	57,260.03
06/02/2014	La Opinion	Print Ad to Support Paul Tanaka	4,992.30	57,260.03
05/29/2014	CBS Radio, Inc.	Radio Ads to Support Paul Tanaka	22,880.00	57,260.03

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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	
from	05/18/2014
through	06/30/2014
Date of election if applicable: (Month, Day, Year)	
06/03/2014	

Date Stamp

CALIFORNIA	465
FORM	
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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)
05/28/2014	KNX-AM	Radio Ads to Support Paul Tanaka	22,880.00 MEMO Subpayment made through: CBS Radio, Inc.	
05/28/2014	Special Operations Group	Signs and Banners to Support Paul Tanaka	2,995.43	57,260.03
06/02/2014	CBS Radio, Inc.	Radio Ads to Support Paul Tanaka	11,400.00	57,260.03
05/28/2014	KRTH-FM	Radio Ads to Support Paul Tanaka	11,400.00 MEMO Subpayment made through: CBS Radio, Inc.	
05/30/2014	Univision Radio Los Angeles, Inc DBA KLVE-FM.	Radio Ads to Support Paul Tanaka	10,000.00	57,260.03
05/30/2014	La Opinion	Print Ad to Support Paul Tanaka	2,496.15	57,260.03

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>05/18/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 465
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NAME OF FILER Safety First: A Committee Supporting Paul Tanaka for L.A. Sheriff 2014	I.D. NUMBER (If recipient com.) 1365279
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>57,260.03</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ <u>57,260.03</u>

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 <u>Los Angeles County</u> ADDRESS (NO. AND STREET) <u>12400 Imperial Hwy.</u> CITY STATE ZIP CODE <u>Norwalk CA 90650</u>	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 07/31/2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
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