

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>01/01/2015</u> through <u>02/18/2015</u>	Date Stamp	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>03/03/2015</u>	For Official Use Only	

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1305594

COMMITTEE/FILER'S NAME
BizFed PAC, A Project of Los Angeles County Business Federation

STREET ADDRESS (NO P.O. BOX)
1000 N. Alameda Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90012</u>	<u>(213) 346-3282</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
Thomas W. Hiltachk

MAILING ADDRESS
455 Capitol Mall, Suite 600

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	<u>(916) 442-7757</u>

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>Christopher John Rizzotti</u>	<u>City Council Member: City of Burbank</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)
02/18/2015	Aaron, Thomas & Associates, Inc. 21344 Superior Street Chatsworth, CA 91311	LIT, POS	1,749.35	1,828.47
02/18/2015	United States Postal Service 475 L'Enfant Plaza SW Washington, DC 20260	LIT, POS; Support; Christopher Rizzotti; Burbank City Council	571.69 MEMO Subpayment made through: Aaron, Thomas & Associates, Inc.	
02/18/2015	Political Data Inc. 12501 Imperial Highway, Suite 200 Norwalk, CA 90650	LIT	79.12	1,828.47

bbk city clerk 2/20/15 AM 10:25

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from	01/01/2015	
through	02/18/2015	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
BizFed PAC, A Project of Los Angeles County Business Federation		1305594

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	1,828.47
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	\$ 1,828.47

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

City of Burbank, Office of the City Clerk

ADDRESS (NO. AND STREET)

275 East Olive Avenue

CITY STATE ZIP CODE

Burbank CA 91510

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 02/19/2015

DATE

Executed on _____

DATE

Executed on _____

DATE

Executed on _____

DATE

By _____

SIGNATURE OF FILER, 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