

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 01/01/2013

through 02/20/2013

Date of election if applicable:
(Month, Day, Year)

02/26/2013

Date Stamp

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

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For Official Use Only

CCLERK 19FEB24PM11:57

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1347662

COMMITTEE/FILER'S NAME

PARENTS AND TEACHERS FOR PUTTING STUDENTS FIRST

STREET ADDRESS (NO P.O. BOX)

2350 KERNER BLVD., SUITE 250

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN RAFAEL CA, 94901

415-389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

VIGO G. NIELSEN, JR.

MAILING ADDRESS

2350 KERNER BLVD., SUITE 250

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN RAFAEL CA, 94901

415-389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

DAVID DOBSON

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SCHOOL BOARD

BURBANK UNIFIED SCHOOL DISTRICT

SUPPORT

OPPOSE

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) |
|------------|--|----------------------------|----------|---|
| 02/16/2013 | INSOURCE PRINT AND DESIGN 306 N. 12TH STREET, SUITE A Sacramento, CA 95811 | MAILER | 6,675.00 | 6,675.00 |
| | | | | |
| | | | | |

Supplemental Independent Expenditure Report

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

| | | |
|--|------------|--|
| Report covers period | | CALIFORNIA FORM 465 |
| from | 01/01/2013 | |
| through | 02/20/2013 | Page <u>2</u> of <u>3</u> |
| NAME OF FILER PARENTS AND TEACHERS FOR PUTTING STUDENTS FIRST | | I.D. NUMBER (If recipient com.) 1347662 |

SEE INSTRUCTIONS ON REVERSE

4. Summary

| | | |
|---|-----------------|----------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ | 6,675.00 |
| 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 \$ | 6,675.00 |

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)
POLITICAL REFORM DIVISION
1500 11TH ST., ROOM 395

CITY STATE ZIP CODE
SACRAMENTO, CA 95814

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 2/21/15
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 PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

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INSTRUCTIONS ON REVERSE

SUPPLEMENTAL INDEPENDANT EXPENDITURE

CALIFORNIA
FORM **465**

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V. Additional Comments

SUBVENDOR FOR INSOURCE PRINT AND DESIGN: US POSTMASTER, 28201 FRANKLIN PRWY, SANTA CLARITA, CA 91383, \$2,054.75