

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 01/01/2013

through 02/20/2013

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

02/26/2013

Date Stamp

CALIFORNIA FORM 465

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For Official Use Only

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

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
CHAR TABET	SCHOOL BOARD BURBANK UNIFIED SCHOOL DISTRICT	X	
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)
02/16/2013	INSOURCE PRINT AND DESIGN 306 N. 12TH STREET, SUITE A Sacramento, CA 95811	MAILER	6,675.00	6,675.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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

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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

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 2-21-13
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

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

Executed on _____
DATE

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

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Expenditure Report**

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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