

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)  
SEE INSTRUCTIONS ON REVERSE

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

CALIFORNIA 1994 FORM **465**

Amendment No \_\_\_\_\_

Report No 001

**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  
CLERK FIGUEROA 5107

1 / 4  
For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1355585

## Treasurer (If recipient committee)

NAME OF FILER  
Burbank Residents Opposed to Jess Talamantes Slashing Public Safety, a Committee to Oppose Jess Talamantes for Council 2013, Sponsored by Burbank Residents and United Food and Commercial Workers Local 770  
STREET ADDRESS (NO P.O. BOX)  
777 S. Figueroa St., #4050

NAME OF TREASURER  
John Grant  
MAILING ADDRESS  
777 S. Figueroa St., #4050

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017-0000</u>	<u>2134526565</u>

OPTIONAL: FAX/E-MAIL ADDRESS  
2134526575

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Los Angeles</u>	<u>CA</u>	<u>90017-0000</u>	<u>213-452-6565</u>

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE  
Jess Talamantes

OFFICE SOUGHT OR HELD  
City Council Member

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

CHECK ONE	
SUPPORT	OPPOSE
	X

## 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>1-1-2013</u>	CALIFORNIA 1994 FORM <b>465</b>
through <u>2-20-2013</u>	
2 / 3	
I.D. NUMBER (If Recipient Com.) 1355585	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Burbank Residents Opposed to Jess Talamantes Slashing Public Safety,  
a Committee to Oppose Jess Talamantes for Council 2013, Sponsored by Burbank

**4. Summary** Residents and the United Food and Commercial Workers Local 770.

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$ <u>8312.28</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>8312.28</u>

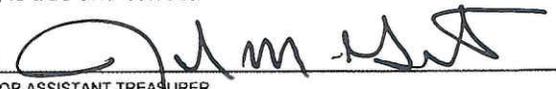
**5. Filing Officers** Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

**6. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 John Grant   
SIGNATURE OF 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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		3 / 4
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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 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.

### 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)
02/19/2013	Tribune Direct 5091 4th St. Irwindale CA 91706 Reference No:	LIT, Jess Talamantes, Oppose	607.76	8312.28
02/16/2013	Tribune Direct 5091 4th St. Irwindale CA 91706 Reference No:	LIT, Jess Talamantes, Oppose	607.76	8312.28
02/14/2013	Tribune Direct 5091 4th St. Irwindale CA 91706 Reference No:	LIT, Jess Talamantes, Oppose	607.76	8312.28
02/14/2013	Tribune Direct 5091 4th St. Irwindale CA 91706 Reference No:	POS, Jess Talamantes, Oppose	2163.00	8312.28
02/16/2013	Tribune Direct 5091 4th St. Irwindale CA 91706 Reference No:	POS, Jess Talamantes, Oppose	2163.00	8312.28
02/19/2013	Tribune Direct 5091 4th St. Irwindale CA 91706 Reference No:	POS, Jess Talamantes, Oppose	2163.00	8312.28
02/14/2013	U.S. Postmaster 16025 Calle Del Norte Irwindale CA 91706 Reference No:	POS, Jess Talamantes, Oppose	info[ 2163.00]	info[ 8312.28]
02/16/2013	U.S. Postmaster 16025 Calle Del Norte Irwindale CA 91706 Reference No:	POS, Jess Talamantes, Oppose	info[ 2163.00]	info[ 8312.28]

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02/19/2013	U.S. Postmaster 16025 Calle Del Norte  Irwindale CA 91706 Reference No:	POS, Jess Talamantes, Oppose	info[ 2163.00]	info[ 8312.28]