

# 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

COLERA 710FEB20PM1157

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**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

CHECK ONE

NAME OF CANDIDATE

DAVID DOBSON

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SCHOOL BOARD BURBANK UNIFIED SCHOOL DISTRICT

SUPPORT OPPOSE

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

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
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.)	<b>TOTAL \$</b>	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 2/21/13  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
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

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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