

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 04/03/2013
Date of election if applicable:
(Month, Day, Year)
04/09/2013

COLLECTOR 13 APR 2013 9:02

Date Stamp

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465
Page 1 of 3
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1262979

COMMITTEE/FILER'S NAME
Alliance for California's Tomorrow, A California Business Coalition

STREET ADDRESS (NO P.O. BOX)
1127-11th Street, Suite 300

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA, 95814 916-442-2280

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
J. Richard Eichman

MAILING ADDRESS
1127-11th Street, Suite 300

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA, 95814 916-442-2280

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Charlene 'Char' Tabet	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE School Board Burbank Unified School District	SUPPORT X	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)
03/26/2013	Insource Print and Design 304 North 12th Street Suite B Sacramento, CA 95811	Mailer	10,744.66	12,226.56
03/26/2013	US Post Office 801 I Street Sacramento, CA 95814	Independent Expenditure Supporting Char Tabet	3,051.58 MEMO Subpayment made through: Insource Print and Design	
03/26/2013	Asendia Mail Services 5600 Bandini Boulevard Bell, CA 90201	Independent Expenditure Supporting Char Tabet	840.41 MEMO Subpayment made through: Insource Print and Design	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 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.

Report covers period from <u>01/01/2013</u> through <u>04/03/2013</u>	Date Stamp	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>04/09/2013</u>	Page <u>2</u> of <u>3</u>	
		For Official Use Only

IV 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)
03/26/2013	Political Data, Inc. 12501 Imperial Highway Suite 200 Norwak, CA 90652	Independent Expenditure Supporting Char Tabet	397.48 MEMO Subpayment made through: Insource Print and Design	
03/27/2013	Charlene 'Char' Tabet	Phone Banking	1,481.90	12,226.56

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2013	
through	04/03/2013	Page <u>3</u> of <u>3</u>
I.D. NUMBER (If recipient com.)		1262979

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alliance for California's Tomorrow, A California Business Coalition

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	12,226.56
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 \$	12,226.56

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 _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

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

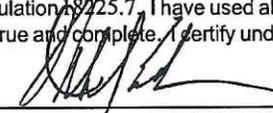
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 49225.7. I have used all reasonable diligence 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 4/5/13 _____
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 PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

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