

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA 1994 FORM **465**

Amendment No 001
Report No 001

Amendment (Explain Below)
Remove Independent Expenditures

Report covers period
from 02/21/2013
through 03/23/2013
Date of election if applicable:
(Month, Day, Year)
04/09/2013

Date Stamp
CLERK 19 APR 5PM 2:44

1 / 2
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1355585

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 the United John Grant

STREET ADDRESS (NO P.O. BOX)
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

Treasurer (If recipient committee)

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>213-452-6565</u>

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD	CHECK ONE	
		SUPPORT	OPPOSE
<u>Jess Talamantes</u>	<u>City Council Member</u>		<input checked="" type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

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

Please see attached pages

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>02/21/2013</u> through <u>03/23/2013</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
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 Residents and the United Food and Commercial Workers Local 770

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>0.00</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>0.00</u>

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
Burbank City Clerk

ADDRESS (NO. AND STREET)
275 E. Olive Ave.

CITY STATE ZIP CODE
Burbank CA 91502

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

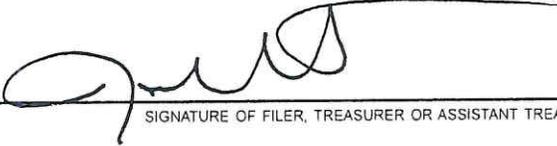
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 4.4.13
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