

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

Amendment No _____ Report No <u>23-20151017</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____ _____	Report covers period from <u>01/01/2015</u> through <u>10/17/2015</u> Date of election if applicable: (Month, Day, Year) <u>11/03/2015</u>	Date Stamp RECEIVED CITY OF MILLBRAE OCT 23 2015	CALIFORNIA FORM 465 1 / 4 For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1380424

NAME OF FILER
Committee for Responsible Government in Millbrae formed to support Ann Schneider and Robert Gottschalk and oppose Gina Papan for City Council 2015

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS _____

Treasurer (if recipient committee)

NAME OF TREASURER
Russell H. Miller

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

(650)401-8735

OPTIONAL: FAX/E-MAIL ADDRESS _____

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Robert Gottschalk</u>	OFFICE SOUGHT OR HELD <u>City Council Member</u>	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE _____	BALLOT NO./LETTER _____	JURISDICTION <u>City of Millbrae</u>	
		X	

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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Report covers period		CALIFORNIA FORM 465
from	01/01/2015	
through	10/17/2015	2 / 4
NAME OF FILER		I.D. NUMBER (If Recipient Com.)
Committee for Responsible Government in Millbrae formed to support Ann Schneider and Robert Gottschalk and oppose Gina Papan for City Council 2015		1380424

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4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	6324.18
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 \$	6324.18

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 10/19/2015
DATE

By *Russell H. Miller*
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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NAME OF FILER Committee for Responsible Government in Millbrae formed to support Ann Schneider and Robert Gottschalk and oppose Gina Papan for City Council 2015	I.D. NUMBER (If Recipient Com.) 1380424
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5. Filing Officers Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

1) NAME OF FILING OFFICER			
Millbrae- City Clerk			
ADDRESS		(NO. AND STREET)	
621 Magnolia Ave			
CITY	STATE	ZIP CODE	
Millbrae	CA	94030-	

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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)
10/06/2015	Pacific Printing	Postcard Printing Mailhouse & Postage	2987.84	6324.18
10/13/2015	Pacific Printing	Postcard Printing Mailhouse & Postage	2987.84	6324.18
10/13/2015	Cindy Potter	Graphic Design Services	148.50	6324.18
10/06/2015	Kate Ward	Graphic Design	200.00	6324.18