

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 25-20151017

Amendment (Explain Below)

Report covers period
from 01/01/2015
through 10/17/2015

Date of election if applicable:
(Month, Day, Year)
11/03/2015

Date Stamped
CITY OF MILLBRAE

OCT 23 2015

CALIFORNIA FORM **465**

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For Official Use Only

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 _____

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE
Gina Papan

OFFICE SOUGHT OR HELD
City Council Member

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER _____ JURISDICTION
City of Millbrae

X

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

Please see attached pages

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	I.D. NUMBER (If Recipient Com.) 1380424

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4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	<u>1593.92</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 .S.	<u>1593.92</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 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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1380424

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

Millbrae

STATE

CA

ZIP CODE

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	1493.92	1593.92
10/06/2015	Kate Ward	Graphic Design	100.00	1593.92