

# 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.

Amendment No. \_\_\_\_\_

Report No. 25-20151017

Amendment (Explain Below)

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Report covers period  
from 01/01/2015

through 10/17/2015

Date of election if applicable:  
(Month, Day, Year)

11/03/2015

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Date Stamp <sup>ED</sup>  
**CITY OF MILLBRAE**

**CALIFORNIA FORM** **465**

1/4

For Official Use Only

OCT 23 2015

## 1. Committee/Filer Information

### 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

### NAME OF CANDIDATE

Gina Papan

### NAME OF BALLOT MEASURE

### OFFICE SOUGHT OR HELD

City Council Member

CHECK ONE

SUPPORT

OPPOSE

X

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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| SUPPLEMENTAL INDEPENDENT EXPENDITURE |                                            |
|--------------------------------------|--------------------------------------------|
| Report covers period                 | CALIFORNIA FORM                            |
| from <u>01/01/2015</u>               | <b>465</b>                                 |
| through <u>10/17/2015</u>            | 2 / 4                                      |
|                                      | I.D. NUMBER (If Recipient Com.)<br>1380424 |

### 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.) .....           | <b>TOTAL \$ <u>1593.92</u></b> |

### 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 OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

# Supplemental Independent Expenditure Report

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to whole dollars.

|                                                              |            |
|--------------------------------------------------------------|------------|
| SUPPLEMENTAL INDEPENDENT EXPENDITURE<br>Report covers period |            |
| from                                                         | 01/01/2015 |
| through                                                      | 10/17/2015 |
| 3 / 4                                                        |            |

CALIFORNIA FORM **465**

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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

### 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

621 Magnolia Ave

(NO. AND STREET)

#### CITY

Millbrae

STATE

CA

ZIP CODE

94030-

**Supplemental Independent  
Expenditure Report**

(Government Code Sections 84203.5)

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA  
FORM  
**465**

4 / 4

For Official Use Only

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<br>CALENDAR YEAR<br>(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                                                 |