

# 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. 23-20151017

Amendment (Explain Below)

Report covers period  
from 01/01/2015

through 10/17/2015

RECEIVED  
CITY OF MILLBRAE

OCT 23 2015

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM 465

1 / 4

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

(650)401-8735

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Robert Gottschalk

OFFICE SOUGHT OR HELD

City Council Member

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

City of Millbrae

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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

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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

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3) .....	\$ <u>6324.18</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>6324.18</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 PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

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

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

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

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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA  
FORM

**465**

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

3 / 4

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

## SEE INSTRUCTIONS ON REVERSE

### 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

**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-

**Supplemental Independent  
Expenditure Report**  
(Government Code Sections 84203.5)  
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Type or print in ink.  
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to whole dollars.

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA  
FORM

**465**

4 / 4

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**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