

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____ Date of election if applicable: (Month, Day, Year)	Date Stamp <b>RECEIVED</b> OCT 12 2010 SLO CITY CLERK	<b>CALIFORNIA FORM 465</b> Page _____ of _____ For Official Use Only
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Amendment (Explain Below)

Included signature

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Kristie Moling

STREET ADDRESS (NO P.O. BOX)

[REDACTED] 805 473 8571

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)

Treasurer (If recipient committee)

NAME OF TREASURER

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

Paul Brown

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

## 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)

# Supplemental Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period from _____ through _____	<b>CALIFORNIA FORM 465</b>
Page _____ of _____	I.D. NUMBER (If recipient com.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

## 4. Summary

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ \_\_\_\_\_
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ \_\_\_\_\_
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL** \$ \_\_\_\_\_

## 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 \_\_\_\_\_  
ADDRESS \_\_\_\_\_ (NO. AND STREET)  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 10-12-16  
DATE

By   
SIGNATURE OF FILER, 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