

# 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

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Report covers period  
from 01/01/2010  
through 09/30/2010

Date of election if applicable:  
(Month, Day, Year)  
11/02/2010

Date Stamp  
**RECEIVED**  
OCT 04 2010  
SLO CITY CLERK

**CALIFORNIA FORM 465**

Page 1 of 4

For Official Use Only

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME  
Kristie Molina

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

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

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Mayor

City of San Luis Obispo

CHECK ONE

SUPPORT

OPPOSE

X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

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)
09/30/2010	Bell, McAndrews & Hiltachk, LLP _____	PRO	858.00	6,299.00
09/20/2010	S. Lombardi & Associates, Inc. _____	CNS, PRT, RAD	4,191.00	6,299.00
09/20/2010	American General Media _____	RAD	326.40 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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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.

<b>Report covers period</b> from <u>01/01/2010</u> through <u>09/30/2010</u>	Date Stamp	<b>CALIFORNIA FORM 465</b> Page <u>2</u> of <u>4</u> For Official Use Only
<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/02/2010</u>		

## IV 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)
09/20/2010	KKJL Radio [REDACTED]	RAD	637.50 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
09/20/2010	KVEC Radio [REDACTED]	RAD	394.40 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
09/20/2010	Tolosa Press [REDACTED]	PRT	275.40 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
09/20/2010	The Tribune [REDACTED]	PRT	966.00 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
09/20/2010	New Times [REDACTED]	PRT	470.05 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
09/20/2010	Journal Plus [REDACTED]	PRT	750.00 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	



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from	01/01/2010	
through	09/30/2010	Page <u>4</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kristie Molina

I.D. NUMBER (If recipient com.)

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	6,299.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	6,299.00

## 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  
City Clerk, City of San Luis Obispo

ADDRESS (NO. AND STREET)  
City Hall, Room 4  
990 Palm Street

CITY STATE ZIP CODE  
San Luis Obispo, CA 93401

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 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 \_\_\_\_\_  
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