

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 <u>10/17/2010</u> through <u>12/31/2010</u> Date of election if applicable: (Month, Day, Year) <u>11/02/2010</u>	Date Stamp RECEIVED DEC 07 2010 SLO CITY CLERK	CALIFORNIA FORM 465 Page <u>1</u> of <u>3</u> For Official Use Only
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Amendment (Explain Below)

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

CHECK ONE

NAME OF CANDIDATE Paul Brown	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Mayor City of San Luis Obispo	SUPPORT X	OPPOSE
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)
10/25/2010	S. Lombardi & Associates, Inc. _____	CNS, PRT, RAD	3,014.00	14,890.75
10/31/2010	The Tribune _____	PRT	935.85 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
10/28/2010	New Times _____	PRT	470.05 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	

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Date Stamp

CALIFORNIA FORM **465**
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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.

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)
10/25/2010	American General Media [REDACTED]	RAD	387.60 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
10/28/2010	Tolosa Press [REDACTED]	PRT	275.40 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
10/25/2010	KVEC Radio [REDACTED]	RAD	493.00 MEMO Subpayment made through: S. Lombardi & Associates, Inc.	
11/15/2010	Bell, McAndrews & Hiltachk, LLP [REDACTED]	PRO	283.75	14,890.75

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from	10/17/2010	
through	12/31/2010	Page <u>3</u> of <u>3</u>
NAME OF FILER Kristie Molina		I.D. NUMBER (If recipient com.)

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,297.75
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	3,297.75

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

2) 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

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 11-23-10
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT