

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>3/18/14</u> through <u>5/17/14</u>	Date Stamp FIL 14 MAY 22 PM 3:16 332	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>June 3, 2014</u>	Page <u>16</u> of <u>332</u> For Official Use Only CONTRA COSTA COUNTY ELECTION DEPARTMENT	

Amendment (Explain Below)

I.D. NUMBER (If recipient committee)
1365869

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Parents for Better Education

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

bsteinberg1@yahoo.com

Treasurer (If recipient committee)

NAME OF TREASURER

Valerie Snider

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

NAME OF BALLOT MEASURE

West Contra Costa Unified School District Measure H

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

BALLOT NO./LETTER

H

JURISDICTION

WCCUSD

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)
5/2/14	Contra Costa County Clerk 555 Escobar Street Martinez, CA 94553	WCCUSD voter list	175.54	175.54
5/8/14	Spotlight Printing 725 Bryant St San Francisco, Ca 94107	printing and mailing	5,372.25	5,372.25
5/12/14	CA Secretary of State 1500 - 11th St Sacramento, CA 95814	PAC filing fee	50.00	50.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA FORM **465**

Page 2 of 3

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Amendment (Explain Below)

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from 3/18/14
through 5/17/14

Date of election if applicable:
(Month, Day, Year)
June 3, 2014

Date Stamp

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Parents for Better Education

STREET ADDRESS (NO P.O. BOX)

5871 McBryde Ave

CITY

Richmond

STATE

CA

ZIP CODE

94805

AREA CODE/PHONE

(501)944-4059

OPTIONAL: FAX / E-MAIL ADDRESS

bsteinberg1@yahoo.com

I.D. NUMBER (If recipient committee)
1365869

Treasurer (If recipient committee)

NAME OF TREASURER

Valerie Snider

MAILING ADDRESS

1342 Everett St

CITY

El Cerrito

STATE

CA

ZIP CODE

94530

AREA CODE/PHONE

(510)237-4593

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

NAME OF BALLOT MEASURE

West Contra Costa Unified School District Measure H

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

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CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

3. Independent Expenditures Made

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
4/21/14	Margie Liberty 2643 Appian Way Pinole, CA 94564	yard signs	799.73	799.73
5/2/14	Linda Lozito 1517 Elm Richmond, CA 94705	printing	494.02	494.02

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	Page <u>33</u> of <u>33</u>
	I.D. NUMBER (if recipient com.) 1365869

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Parents for Better Education

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>6,891.54</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ _____
3. Total independent expenditures made this period (Add Lines 1 + 2.)	\$ _____
TOTAL	\$ <u>6,891.54</u>

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
Ben Steinberg

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 correct.

Executed on 5/22/14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

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

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