

# 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 01/01/2014  
through 12/31/2014  
Date of election if applicable:  
(Month, Day, Year)  
11/04/2014

Date Stamp  
**RECEIVED**  
**APR 27 2015**  
CONTRA COSTA COUNTY ELECTIONS

CALIFORNIA FORM **465**  
Page 1 of 3  
For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
1372949

COMMITTEE/FILER'S NAME  
EDUCATION MATTERS

STREET ADDRESS (NO P.O. BOX)

106 SAN PABLO TOWN CENTER, #193

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN PABLO	CA	94806	(925) 227-0707

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (if recipient committee)

NAME OF TREASURER

CHRISTINE CASTILLO

MAILING ADDRESS

106 SAN PABLO TOWN CENTER, #193

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN PABLO	CA	94806	(925) 227-0707

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
<u>PETER NICHOLAS CHAU</u>	<u>Board of Education: WEST CONTRA COSTA USD</u>		<input checked="" type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
10/24/2014	CHUCK MCFADDEN 4924 COCHRANE AVENUE OAKLAND, CA 94618	INDEPENDENT EXPENDITURE OF CNS OPPOSING PETER NICHOLAS CHAU FOR SCHOOL BOARD	425.00	6,118.56
10/23/2014	BEHR COMMUNICATIONS 1801 CENTURY PARK EAST, SUITE 2160 LOS ANGELES, CA 90067	INDEPENDENT EXPENDITURE OF LIT OPPOSING PETER NICHOLAS CHAU FOR SCHOOL BOARD	5,193.56	6,118.56
10/23/2014	CORNERSTONE PRINTING 423 WASHINGTON STREET, 6TH FLOOR SAN FRANCISCO, CA 94111	SEE SCHEDULE G.	14,446.80 MEMO Subpayment made through: BEHR COMMUNICATIONS	



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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM <b>465</b>
from	01/01/2014	
through	12/31/2014	Page <u>3</u> of <u>3</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
EDUCATION MATTERS		1372949

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	6,118.56
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>	<b>6,118.56</b>

## 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 \_\_\_\_\_  
 SECRETARY OF STATE  
 ADDRESS (NO. AND STREET) \_\_\_\_\_  
 1500 11TH STREET, ROOM 495  
 CITY STATE ZIP CODE  
 SACRAMENTO CA 95814

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 04/23/2015  
DATE

By \_\_\_\_\_

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