

# 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.

Amendment (Explain Below)

\_\_\_\_\_  
\_\_\_\_\_

Report covers period  
from 10/01/2013  
through 10/19/2013

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

RECEIVED

Date Stamp  
OCT 29 2013

CALIFORNIA FORM 465

Page 1 of 4

For Official Use Only

CITY CLERK'S OFFICE  
CITY OF SUNNYVALE

## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
745208

COMMITTEE/FILER'S NAME

California Apartment Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA, 95814-2741 (800) 967-4222

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (if recipient committee)

NAME OF TREASURER

Mr. David Bauer

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA, 95833 916/473-4298

OPTIONAL: FAX/E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE Gustav Larsson	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member Sunnyvale	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)
10/08/2013	Media & Associates SACRAMENTO, CA 95814	Mass mail	2,007.00	16,341.00
10/03/2013	Political Data Inc. Burbank, CA 91502	Mass mail	1,652.00 MEMO Subpayment made through: Media & Associates	
10/03/2013	Tony Siciliani Sacramento, CA 95814	Mass mail	12,660.00 MEMO Subpayment made through: Media & Associates	

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<b>Report covers period</b> from <u>10/01/2013</u> through <u>10/19/2013</u>	Date Stamp	<b>CALIFORNIA FORM 465</b>
		Page <u>2</u> of <u>4</u>
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For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 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)
10/03/2013	Postmaster  Sacramento, CA 95813	Mass mail	11,612.00 MEMO Subpayment made through: Media & Associates	
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10/03/2013	Political Data Inc.  Burbank, CA 91502	Mass mail	1,652.00 MEMO Subpayment made through: Media & Associates	
10/03/2013	Tony Siciliani  Sacramento, CA 95814	Mass mail	12,660.00 MEMO Subpayment made through: Media & Associates	
10/03/2013	Postmaster  Sacramento, CA 95813	Mass mail	11,612.00 MEMO Subpayment made through: Media & Associates	
10/18/2013	Media & Associates  SACRAMENTO, CA 95814	Mass mail	12,327.00	16,341.00

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from <u>10/01/2013</u>		
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through	10/19/2013	Page <u>4</u> of <u>4</u>
NAME OF FILER California Apartment Association Political Action Committee		I.D. NUMBER (if recipient com.) 745208

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## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	16,341.00
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>	16,341.00

## 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  
Sunnyvale City Clerk

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE  
Sunnyvale, CA 94086

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 10/28/13  
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