

# 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>10/01/2013</u> through <u>10/31/2013</u>	Date Stamp	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>2</u>	
		For Official Use Only

**Amendment** (Explain Below)

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

GROW Elect

STREET ADDRESS (NO P.O. BOX)

1029 K Street, Suite 44

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA, 95814

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)  
1342160

## Treasurer (If recipient committee)

NAME OF TREASURER

Rebecca Luby

MAILING ADDRESS

1020 12th Street, Suite 232

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA, 95814

916-476-6926

OPTIONAL: FAX / E-MAIL ADDRESS

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

NAME OF CANDIDATE

Michael Verdone

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member City of Belmont

CHECK ONE

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)
10/26/2013	Michael Verdone for Belmont City Council (#1357916) 1848 Belburn Belmont, CA 90442	Mailer	4,287.27	4,287.27

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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from	10/01/2013	
through	10/31/2013	Page <u>2</u> of <u>2</u>
NAME OF FILER GROW Elect		I.D. NUMBER (If recipient com.) 1342160

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## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	4,287.27
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>	4,287.27

## 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  
Rebecca Luby

ADDRESS (NO. AND STREET)  
1022 G Street

CITY STATE ZIP CODE  
Sacramento, CA 95814

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 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 11/4/13  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Rebecca Luby  
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