496 Independent Expenditure Report

Type or print in ink. Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER					ing	Date Stamp	CALIFORNIA 496
REA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		Report No.			For Official Use Only		
STREET ADDRESS				Amendment			
CITY STATE ZIP CODE				(explain be	low) Pages		
1. List Only One Candidate or Ballot Me	easure						
NAME OF CANDIDATE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR	RE SUPPORTED OR OPPOSED	
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE		BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE
2. Independent Expenditures Made Attack	h additional informat	ion on appropr	riately labele	d continuati	ion sheets.	1	
DATE	DESCRIPTION OF				TURE	AMOUNT	
Reason for Amendment:							_

496 Independent Expenditure Report

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CALIFORNIA FORM

If loan, enter interest rate, if any

If loan,

enter interest rate, if any

If loan,

enter interest rate, if any

If loan,

enter interest rate, if any

If loan,

enter interest rate, if any

NAME OF FILER	I.D. NUMBER (If applicable)				
3. Contribut	ions of \$100 or More Received *				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM			If loan,

OTH ☐ PTY □scc IND

COM

OTH ___ PTY SCC ☐ IND

COM OTH

☐ PTY SCC ☐ IND

СОМ

□ ОТН ☐ PTY □ scc IND

СОМ

ОТН PTY SCC

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY – Political Party

SCC - Small Contributor Committee

FPPC Form 496 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

ATTACHMENT TO FORM 496 PURSUANT TO MARIN COUNTY ORDINANCE NO. 3519

I/we the undersigned find the following to be true and complete:

- 1) The expenditures reported on the Form 496 were not coordinated with or made at the behest of the affected candidate(s), or with primarily formed ballot measure committees;
- 2) A copy of the mailing, script or other type of advertisement is included with this filing. Alternatively, if a copy of the advertisement is not yet available at the time of reporting, it will be provided as soon as possible, and in any event, prior to the mailing or other public distribution of the advertisement;
- 3) All required information concerning the independent expenditure(s) have been provided on the attached Form 496, and that all requirements of the County of Marin Ordinance No. 3519 have been executed in the time and manner prescribed.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:	
Filer/Treasurer:	
(Print Name)	(Signature)
Principal Officer(s):	
(Print Name)	(Signature)
(Print Name)	(Signature)