

# 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 10/19/14  
through 12/31/14

Date Stamp

**CALIFORNIA FORM 465**

Page 1 of 3

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

11/4/14

For Official Use Only

## Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1372214

COMMITTEE/FILER'S NAME  
Committee to Support Grilli and Lalwani for City Council 2014

STREET ADDRESS (NO P.O. BOX)

1487 Yosemite Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas Ca 95035 408-942-1110

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Armando Gomez

MAILING ADDRESS

1487 Yosemite Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408-942-1110

OPTIONAL: FAX / E-MAIL ADDRESS

## Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Deepka Lalwani

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Milpitas City Council

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

SUPPORT OPPOSE

## 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) |
|----------|--|----------------------------|------------|---|
| 10/21/14 | Advertisers Mailing Service<br>1725 De la Cruz Blvd., Ste 6<br>Santa Clara, CA 95050 | Campaign Lit and Mailing   | \$5,194.00 | \$19,639.82   |
| 10/21/14 | Kimberly Oliver<br>5532 Sweigert Road<br>San Jose, CA 95132                          | Campaign Lit and Mailing   | 500.00     | \$19,639.82   |
| 10/21/14 | Istock photo<br>1240 20th Ave.<br>Calgary, Alberta Canada                            | Campaign Lit and Mailing   | \$87.50    | \$19,639.82   |

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

|   |            |                            |
|---|------------|----------------------------|
| Report covers period<br>from <u>10/19/14</u><br>through <u>12/31/14</u> | Date Stamp | <b>CALIFORNIA FORM 465</b> |
| Date of election if applicable:<br>(Month, Day, Year)<br><u>11/4/14</u> |            |                            |
| <input type="checkbox"/> <b>Amendment</b> (Explain Below)<br><br><br>   |            | Page <u>2</u> of <u>3</u>  |
|   |            | For Official Use Only      |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| <b>Committee/Filer Information</b>   |  |  |  | <b>Treasurer</b> (If recipient committee)   |  |  |  |
| I.D. NUMBER (If recipient committee)<br><u>1372214</u>   |  |  |  | NAME OF TREASURER<br><u>Armando Gomez</u>   |  |  |  |
| COMMITTEE/FILER'S NAME<br><u>Committee to Support Grilli and Lalwani for City Council 2014</u> |  |  |  | MAILING ADDRESS<br><u>1487 Yosemite Dr.</u> |  |  |  |
| STREET ADDRESS (NO P.O. BOX)   |  |  |  | CITY STATE ZIP CODE AREA CODE/PHONE         |  |  |  |
| <u>1487 Yosemite Dr.</u>   |  |  |  | <u>Milpitas CA 95035 408-942-1110</u>       |  |  |  |
| CITY STATE ZIP CODE AREA CODE/PHONE  |  |  |  | OPTIONAL: FAX / E-MAIL ADDRESS              |  |  |  |
| <u>Milpitas Ca 95035 408-942-1110</u>  |  |  |  |   |  |  |  |

|  |   |              |                                     |                          |
|--|---|--------------|-------------------------------------|--------------------------|
| <b>Name of Candidate or Measure Supported or Opposed</b> |   |              | CHECK ONE                           |                          |
| NAME OF CANDIDATE<br><u>Deepka Lalwani</u>               | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE<br><u>Milpitas City Council</u> |              | SUPPORT                             | OPPOSE                   |
| NAME OF BALLOT MEASURE                                   | BALLOT NO./LETTER   | JURISDICTION | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**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) |
|----------|--|----------------------------|------------|---|
| 10/24/14 | Advertisers Mailing Service<br>1725 De la Cruz Blvd., Ste 6<br>Santa Clara, CA 95050 | Campaign Lit and Mailing   | \$1,952.48 | \$19,639.82   |
| 10/24/14 | Kimberly Oliver<br>5532 Sweigert Road<br>San Jose, CA 95132                          | Campaign Lit and Mailing   | \$250.00   | 19,639.82   |
|          |  |                            |            |   |

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

|   |  |
|---|--|
| Report covers period<br>from _____<br>through _____ | <b>CALIFORNIA FORM 465</b><br>Page <u>3</u> of <u>3</u><br>I.D. NUMBER (if recipient com.) |
|---|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Committee to Support Grilled Calzone City Council 2014

**4. Summary**

- 1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 7,983.98
- 2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ -
- 3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL** \$ 7,983.98

**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  
City Clerk City of Milpitas

ADDRESS (NO. AND STREET)  
455 E Calaveras Blvd

CITY STATE ZIP CODE  
Milpitas CA 95035

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 2/01/2015  
DATE

Executed on 02/01/2015  
DATE

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

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

By [Signature]  
SIGNATURE OF FILER, TREASURER OR ASSISTANT-TREASURER

By [Signature]  
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