

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>01/01/2015</u> through <u>06/30/2015</u> Date of election if applicable: (Month, Day, Year) _____	Date Stamp RECEIVED CITY CLERK'S OFFICE 2015 AUG -5 PM 4:50 CITY OF TRACY TRACY, CA	CALIFORNIA FORM 465 Page <u>1</u> of <u>3</u> For Official Use Only
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Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
481189

COMMITTEE/FILER'S NAME
Ponderosa Homes II, Inc.

STREET ADDRESS (NO P.O. BOX)
6130 Stoneridge Mall Road, ste 185

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Pleasanton</u>	<u>CA</u>	<u>94588</u>	<u>925-460-8900</u>

OPTIONAL: FAX / E-MAIL ADDRESS
Imorasch@ponderosahomes.com

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
_____	_____	_____	_____

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE _____	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE _____	CHECK ONE	
NAME OF BALLOT MEASURE <u>Active Adult Residential Initiative</u>	BALLOT NO./LETTER _____	JURISDICTION <u>City of Tracy</u>	SUPPORT / OPPOSE <input checked="" type="checkbox"/> / <input type="checkbox"/>

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)
06/23/2015	Printpro 15788 Via Esmond San Leandro, CA 94580	Walk piece	4713.33	4713.33
06/26/2015	Bell, McAndrews & Hiltachk, LLP 455 Capitol Mall, Ste 600 Sacramento, CA 95814	Support	555.56	555.56
06/26/2015	98514 Digital 400 Capitol Mall, Ste 690 Sacramento, CA 95814	Walk piece Subpayment made through Bell, McAndrews & Hiltachk, LLP	1942.15	1942.15

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Date of election if applicable: (Month, Day, Year)	Page <u>2</u> of <u>3</u>	
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1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Ponderosa Homes II, Inc.

STREET ADDRESS (NO P.O. BOX)

6130 Stoneridge Mall Road, Ste 185

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pleasanton	CA	94588	925-460-8900

OPTIONAL: FAX / E-MAIL ADDRESS

Imorasch@ponderosahomes.com

I.D. NUMBER (If recipient committee)
481189

Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

Active Adult Residential Initiative

City of Tracy

X

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
06/30/2015	Arno Petition Consultants 5355 Avenida Encinas, #107 Carlsbad, CA 92008	Canvassing	15000.00	15000.00
06/23/2015	Tramutola, LLP 191 Ridgeway Avenue Oakland, CA 94611	Consulting	2500.00	2500.00

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	Page <u>3</u> of <u>3</u>
	ID NUMBER (if recipient com) 481189

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Ponderosa Homes II, Inc.

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	24711.04
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	24711.04

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 of Tracy

ADDRESS (NO AND STREET)

333 Civic Center Plaza

CITY STATE ZIP CODE

Tracy CA 95376

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 07/29/2015
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
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