Supplement Expenditur (Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Amounts may be rounded to		period	SUPPLEMENT, Date Stamp RECEIVED CITY CLERK'S OF	CALIFORNIA 465			
SEE INSTRUCTIONS	ON REVERSE	Amendment (Explain	Below)	through 06/30/2015 Date of election if applicable: (Month, Day, Year)		2015 AUG -5 PM L	: 50ge 1 of 3			
1. Committe	e/Filer Information	I.D. NUMBER (If recipient committee 481189	3)	Treasurer (If recipient committee)						
	Homes II, Inc.			NAME OF TREASL						
6130 Stone	ridge Mall Road, ste 185	ZIP CODE AREA CODE/PH		CITY STATE ZIP CODE AREA CODE/PHONE						
	CA / E-MAIL ADDRESS ponderosahomes.com	94588 925-460-89	<u> </u>	OPTIONAL: FAX /	E-MAIL ADDRESS					
2. Name of 0	Candidate or Measure S	Supported or Opposed		ik ka fi pilonin ini dan da ka sa manana	271 - 261 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 271 - 27	NO SECURITOR DE CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR DECENTRACTOR DE CONTRACTOR D	CHECK ONE			
NAME OF CANDI	DATE			OFFICE SOUGHT OR HE	D AND DISTRICT, IF	APPLICABLE	SUPPORT OPPOSE			
NAME OF BALLOT MEASURE Active Adult Residential Initiative				BALLOT NO JLETTER JURISDICTION SUPPORT OPPOS						
3. Independ	•	Attach additional information on app DDRESSOF PAYEE	ropriately	labeled continuation she		AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)			
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06/26/2015	Bell, McAndrews & Hiltachk, LLP 455 Capitol Mall, Ste 600 Sacramento, CA 95814			ort		555.56	555.56			
06/26/2015	98514 Digital 400 Capitol Mall, Ste 690 Sacramento, CA 95814			piece syment made throug drews & Hiltachk, LL		1942.15	1942.15			

FPPC Form 465 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Supplemental Independent Expenditure Report Government Code Section 84203.5)		Time as written lake	age and a state of the state of		SUPPLEMENTAL INDEPENDENT EXPENDITURE					
		Type or print in ink. Amounts may be rounded to whole dollars.		Report covers period 01/01/2015		Date Stamp	CALIFORNIA 465			
SEE INSTRUCTIONS O		Amendment (Explain Below)		through 06/30/2015		The state of the s	Page2 of3			
				Date of election if applicable: (Month, Day, Year)			For Official Use Only			
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee) 481189	<u> </u>	Treasurer (f recipient committ	ee)				
COMMITTEE/FILEF		461105		NAME OF TREASU	RER					
Ponderosa H	omes II, Inc.									
STREET ADDRESS	(NO P.O. BOX)			MAILING ADDRESS						
	dge Mall Road, Ste 185			CITY		STATE ZIP CODE	AREA CODE/PHONE			
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Pleasanton	CA	94588 925-460-890	00	OPTIONAL FAX / E-MAIL ADDRESS						
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Active Adult Residential Initiative				L. C.	City of Tracy	1	X			
3 Independe	ent Expenditures Made	Attach additional information on appr	ropriately	labeled continuation shee	ets.		CUMULATIVE TO DATE			
DATE	•	DRESSOF PAYEE	, . 	DESCRIPTION OF EXPE		AMOUNT	CALENDAR YEAR (JAN, 1 - DEC. 31)			
06/30/2015	Arno Petition Consultants 5355 Avenida Encinas, #107 Carlsbad, CA 92008			assing		15000.00	15000.00			
06/2302015 Tramutola, LLP 191 Ridgeway Avenue Oakland, CA 94611			Consulting		2500.00	0 2500.00				

Supplemental Independent

Type or print in ink.
Amounts may be rounded

SUPPLEMENTAL	INDEPENDENT EXPENDITUR
Report covers period	CALIFORNIA 165
from 01/01/2015	FORM FUE
through 06/30/2015	Page 3 of 3
	LD NUMBER (If recipient com.) 481189

Expenditure Report		to whole dollar	01/01/2015			FORM 465		
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SEE INSTRUCTIONS ON REVERSE			through 06/30/2015			Page	3 .	of3
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t certify that the "independent expenditure(s)" disclosed	in this s	tatement were not "mac	le at the behest of the	e candidate or committee the	et benefitt	ed from th	те ехреі	nditure(s)
as those terms are defined in Government Code Section statement and to the best of my knowledge the information.	n 82031 lion cont	and FPPC Regulation ained herein is true and	18225 7. I have used complete. I certify un	f all reasonable diligence in der penalty of perjury under	preparing the laws	and revie of the Stat	ewing the le of Cal	is ifornia tha

the foregoing is true and correct.

Executed on	07/29/2015	By					
	DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER					
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