

**Supplemental Independent Expenditure Report**  
(Government Code Section 84203.5)

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

SEE INSTRUCTIONS ON REVERSE

For Official Use Only

Date Stamp  
**RECEIVED**  
**2013 OCT 25 AM 9:50**  
OFFICE OF THE CITY CLERK  
CITY OF VALLEJO

Report covers period from 01/01/2013 through 10/19/2013

Date of election if applicable: (Month, Day, Year)  
11/05/2013

Amendment (Explain Below)

**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)  
1360302

COMMITTEE/FILER'S NAME  
JumpStart Vallejo supporting Malgapo, Verder-Aliga, Dew and Summers for City Council 2013, sponsored by business, labor organizations, realtors and Vallejo residents

STREET ADDRESS (NO P.O. BOX)  
644 Tennessee Street

CITY STATE ZIP CODE AREA CODE/PHONE  
Vallejo CA, 94590 (916) 442-2952

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer (if recipient committee)**

NAME OF TREASURER  
John Cummings

MAILING ADDRESS  
644 Tennessee Street

CITY STATE ZIP CODE AREA CODE/PHONE  
Vallejo CA, 94590 (916) 442-2952

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	SUPPORT	OPPOSE
Katy Miesner	City Council Member City of Vallejo		X
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
10/11/2013	Terris Barnes Walters 400 Montgomery Street, 7th Floor San Francisco, CA 94104	Mailpiece	2,200.00	2,200.00
10/11/2013	Wheeler-Sonoma Printers 836 Sonoma Blvd. Vallejo, CA 94590	Printing and shipping for mailpiece	469.53	
10/11/2013	Assistance Plus 4375 Emerald Ridge Lane Fairfield, CA 94534	Production for mailpiece	170.83	



# Supplemental Independent Expenditure Report

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: JumpStart Vallejo supporting Malgago, Verder-Aliga, Dew and Summers for City Council 2013, sponsored by business, labor organizations, realtors and Vallejo residents

Report covers period  
from 01/01/2013  
through 10/19/2013

Page 3 of 3

I.D. NUMBER (If recipient com.)  
1360302

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) ..... \$ 2,200.00
2. Total independent expenditures under \$100 made this period. (Not itemized.) ..... \$ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... **TOTAL** \$ 2,200.00

## 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 Vallejo, City Clerk

ADDRESS (NO. AND STREET): \_\_\_\_\_  
555 Santa Clara Street, Third Floor

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
Vallejo, CA 94590

2) 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 10/23/13 DATE  
Executed on 10/23/13 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