

## Who Uses Form 465:

Officeholders, candidates, recipient committees, major donor committees, and independent expenditure committees that make independent expenditures totaling \$1,000 or more in a calendar year to support or oppose a **single** candidate, a **single** measure, or the qualification of a **single** measure.

If this form is filed in connection with a LAFCO proposal, identify the proposal's name supported or opposed in the ballot measure section.

*Form 465 is required to be filed in addition to any other preelection, semi-annual, or late independent expenditure report required to be filed.*

## “Independent Expenditure” Means:

An “independent expenditure” is an expenditure made in connection with a communication (e.g., a billboard, advertisement, mailing) that expressly advocates the nomination, election, or defeat of a clearly identified candidate, or the qualification, passage, or defeat of a clearly identified measure, but which is not made to, or at the behest of, the affected candidate or committee.

## When to File:

File the Form 465 at the same time(s) the candidate or committee supported or opposed by the independent expenditure(s) is required to file.

## Where to File:

File the Form 465 as if your committee were primarily formed to support or oppose the candidate or measure identified in the communication.

**Example:** The California Tree Doctors PAC, a state general purpose committee, spends \$1,200 for a newspaper advertisement supporting a county ballot measure during the first preelection reporting period in connection with the county election. On the first preelection filing deadline, the PAC will file an original and one copy of the Form 465 with the clerk of the county holding the election.

The PAC also will disclose the independent expenditure on its next regular campaign report (Form 450 or 460).

If the independent expenditure had been made during the last 16 days before the county election, the PAC would file a Form 496 (Late Independent Expenditure Report) within 24 hours of making the expenditure, and would file the Form 465 on the semi-annual filing deadline.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC Campaign Disclosure Manual for your type of committee (available from your filing officer or the FPPC). Campaign filing deadlines, forms, and other informational materials are available on the FPPC website ([www.fppc.ca.gov](http://www.fppc.ca.gov)).

## Fast Facts:

- A separate Form 465 is required for each candidate or ballot measure identified in a communication, if \$1,000 or more was spent to support or oppose that particular candidate or measure.
- Form 465 is not required for any reporting period during which no independent expenditure has been made.
- Candidates: Form 465 is not required for expenditures made from your committee's funds to promote your own election.
- LAFCO proposals: A committee that makes an independent expenditure of \$1,000 or more in connection with a LAFCO proposal must file this report.
- A committee that makes independent expenditures in connection with a CalPERS or CalSTRS election must also file a copy with the relevant board office.
- Campaign funds of a candidate or officeholder may not be used to make independent expenditures to support or oppose other candidates.
- State committees may be required to file paper and electronic forms.

# 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

**CALIFORNIA FORM 465**

Page \_\_\_\_\_ of \_\_\_\_\_

For Official Use Only

<b>Report covers period</b> from _____ through _____ <b>Date of election if applicable:</b> (Month, Day, Year) _____	Date Stamp _____
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**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

\_\_\_\_\_

I.D. NUMBER (If recipient committee)

\_\_\_\_\_

## 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

## 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)

# Instructions for Supplemental Independent Expenditure Report

CALIFORNIA  
FORM

465

## Period Covered by Report:

The "period covered" begins the day after the closing date of the most recent Form 465 filed related to the candidate or measure supported or opposed. If no previous Form 465 has been filed, the period begins on January 1 of the current calendar year. The period ends on the closing date for the current campaign statement being filed in connection with the election in which the candidate or measure is being voted upon.

## Date of Election:

If this statement is filed in connection with expenditures to support or oppose a candidate or measure being voted upon this year, enter the date of the election.

**Amendments:** If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment. Be sure to enter the period covered of the statement you are amending.

## Committee/Filer Information:

Provide the full name, address, and telephone number of the committee or person filing this report. If the filer is a recipient committee, the identification number must be included. Please note on the form if the identification number has not yet been received from the Secretary of State's office.

If a single individual, a single entity, or a candidate is filing this statement, provide the filer's full name, street address, and telephone number where the filer can be reached during business hours. The name that the filer uses must be the name by which the filer is identified for other legal purposes or the name by which the filer is commonly known to the public.

If a recipient committee is filing this statement, provide the full name, address, and telephone number as stated on the Statement of Organization, Form 410, filed with the Secretary of State.

The treasurer must provide a permanent address and a telephone number where he/she can be reached during business hours.

## Name of Candidate or Measure:

Identify the candidate supported or opposed and the office sought or held (and district, if applicable), or the name of the ballot measure supported or opposed, the jurisdiction in which the measure is being voted upon, and its number or letter if it assigned.

## Independent Expenditures Made:

For each independent expenditure of \$100 or more, provide the following:

### Date

Enter the date of each independent expenditure. An expenditure is made on the date payment was made, or the date the goods or services were received, whichever is earlier.

### Name and Address of Payee

Enter the full name, street address, city, state, and zip code of the payee or creditor. If the payee is different than the vendor (person providing goods and services), both must be fully identified.

### Description of Expenditure

Provide a description of the goods or services received for the expenditure.

### Amount

Enter the amount of the independent expenditure.

### Cumulative to Date - Calendar Year

Enter the cumulative amount of independent expenditures made during the calendar year on behalf of the candidate or measure.

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	<b>CALIFORNIA FORM 465</b>
	Page _____ of _____
I.D. NUMBER (If recipient com.)	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

## 4. Summary

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

## 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ (NO. AND STREET)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 \_\_\_\_\_  
DATE

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

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

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

By \_\_\_\_\_  
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

# Instructions for Supplemental Independent Expenditure Report

CALIFORNIA  
FORM

465

## Summary:

Summarize all independent expenditures as follows:

Line 1: Enter the total of all independent expenditures of \$100 or more made to support or oppose the candidate or measure this period (those expenditures itemized under Part 3).

Line 2: Enter the total of all independent expenditures under \$100 made to support or oppose the candidate or measure this period (not itemized).

Line 3: Add Lines 1 and 2 and enter the total on Line 3.

## Filing Officers:

Enter the name and address of each filing officer with whom the filer of the report filed its most recent campaign statement (Form 450, 460, 461).

## Verification:

A responsible officer of an entity or an entity filing jointly with any number of affiliates must sign the Form 465, or an attorney or a certified public accountant may sign on behalf of the entity or entities. A statement filed by an individual must be verified and signed by the individual.

A recipient committee's statement must be signed by the committee treasurer or the assistant treasurer named on the committee's Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.