

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 07/01/2010

through 09/30/2010

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

11/02/2010

Date Stamp

City of Brentwood

OCT 6 2010

City Clerk

CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1326959

COMMITTEE/FILER'S NAME
Contra Costa Coalition for Business and Jobs, sponsored by BI Land LLC

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA, 95814 [REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
Thomas W. Hiltachk

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA, 95814 [REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Jim Cushing	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member Brentwood	SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT 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)
09/22/2010	California Voter Guide (#595004) [REDACTED] Torrance, CA 90501	Print Ads	1,198.00	1,948.00
09/22/2010	Voter Information Guide G10 (#593003) [REDACTED] Sherman Oaks, CA 91423	Print Ads	500.00	1,948.00
09/22/2010	COPS Voter Guide (#599014) [REDACTED] Folsom, CA 95630	Print Ads	250.00	1,948.00

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	07/01/2010	
through	09/30/2010	Page <u>2</u> of <u>2</u>
NAME OF FILER Contra Costa Coalition for Business and Jobs, sponsored by BI Land LLC		I.D. NUMBER (If recipient com.) 1326959

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	1,948.00
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 \$	1,948.00

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.*

<p>1) NAME OF FILING OFFICER Contra Costa County Clerk</p> <p>ADDRESS (NO. AND STREET) [REDACTED]</p> <p>CITY STATE ZIP CODE Martinez, CA 94553</p>	<p>3) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>
<p>2) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>	<p>4) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>

6. Verification

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 10-4-10
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