		·	A CONTRACTOR OF THE PARTY OF TH	SUPPLEMENTAL INDEPENDENT EXPENDITURE					
Supplemer Expenditur (Government Code Report #1		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		- 3 2015	CALIFORNIA FORM	465		
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Below	through09/30/2  Date of election if a (Month, Day,	MEND	MENDOCINO COUNTY		of3 e Only		
		International Control of Control			NOV 03 2015				
1. Committe	e/Filer Information	I.D. NUMBER (If recipient committee) 1371844		(If recipient committee)	SUSAN M KONDO	(			
COMMITTEE/FIL Humboldt Re Company LLC	dwood Company LLC and its Afi	Filiate Mendocino Redwood	NAME OF TREAS		NDOCINO COUNTY CL	ERK eputr			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRES	S					
P.O. Box 39	0 / 6500 Durable Mill Road		CITY		STATE ZIP CODE	· AREA CODE	E/PHONE		
CITY	STATE	ZIP CODE AREA CODE/PHONE			J 2.11 0001				
Calpella	CA	95418	OPTIONAL: FAX/						
2. Name of OND	Candidate or Measure S	upported or Opposed	OFFICE SOUGHT OR HE	LD AND DISTRICT, IF A	PPLICABLE	CH	HECK ONE ORT OPPOSE		
NAME OF BALLO Proposed Ta	NTMEASURE an Oak Initiative (Not yet qu	alified)	BALLOT NO./LETTER N/A	JURISDICTION  Mendocino Cour	nty	SUPPO	ORT OPPOSE X		
3. Independ	•	Attach additional information on appropr	iately labeled continuation she		AMOUNT [	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		
09/17/2015	Mighty Media Partners	Med	lia Service Fee		397.70		27,279.24		
	ndocino Redwood Company LLC)						05 050 04		
09/17/2015	Mendocino Redwood Company	LLC	stage and Stationary fo	or Mailing	281.52		27,279.24		
	ndocino Redwood Company LLC)						00 000		
09/17/2015	Risdall Marketing Group, L	LC Pro	ofessional services - N	ledia Campaign	7,651.25		27,279.24		

(Paid for by Mendocino Redwood Company LLC)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

# Supplemental Independent Expenditure Report

SEE INSTRUCTIONS ON REVERSE

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

from 07/01	/2015
	./2015
through 09/30	/2015

FORM 465

\_\_\_\_\_\_

Date of election if applicable:

(Month, Day, Year)

For Official Use Only

Date Stamp

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

IV Independ	lent Expenditures Made Attach additional information   NAME AND ADDRESS OF PAYEE	ion on appropriately labeled continuation sheets.  DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
09/17/2015	Risdall Marketing Group, LLC	Professional services - Media campaign	12,187.68	27,279.24
(Paid for by Me	ndcino Redwood Company LLC)			
09/20/2015	Sonoma Media Investments LLC	The Press Democrat - Newspaper Ads	1,447.19	27,279.24
09/17/2015	ndcino Redwood Company LLC) Fort Bragg Advocate-News/The Mendocino Beacon	Ads for Fort Bragg Advocate - News, Lake County Record-Bee, Mendocino Beacon, Ukiah Daily Journal.	2,512.20	27,279.24
(Paid for by Me 09/17/2015	ndocino Redwood Company LLC) Sonoma Media Investments LLC	The Press Democrat - Newspaper Ads	1,946.49	27,279.24
(D. 14 San bas Ma	ndcino Redwood Company LLC)			
09/16/2015	Fort Bragg Advocate-News/The Mendocino Beacon	Ad for Willits News.	855.21	27,279.24
(Paid for by Me	ndcino Redwood Company LLC)			

DATE

SUPPLEMENTAL	INDEPENDENT	<b>EXPENDITURE</b>

Supplemental Independent Expenditure Report		Type or print in in Amounts may be rou to whole dollars.	nded	Repo	rt covers period	CALIFO FOR		65
SEE INSTRUCTIONS ON REVERSE				through	09/30/2015	Page	3 of	3
NAME OF FILER				. •		I.D. NUMBE 1371844	R (If recipient c	om.)
Humboldt Redwood Company LLC and its Affiliate M	endocino Red	wood Company LLC				13/1044		
4. Summary						œ	27,27	19 24
1. Total independent expenditures of \$100 or more							2.72.	
2. Total independent expenditures under \$100 mag								0.00
3. Total independent expenditures made this period	od (Add Line	s 1 + 2.)		••••••	ТОТ	AL \$	27,27	9.24
5. Filing Officers Enter the name and address of e	each filing offic	er with whom the filer	's most recent campa	ign statement	's (Form 450, 460 or 4	(61) have be	en filed.	
1) NAME OF FILING OFFICER			3) NAME OF FILING O	FFICER				
Secretary of State								
ADDRESS (NO. AND STREET)			ADDRÉSS		(NO. AND STREET)			
		<del></del>	CITY			STATE	ZIP CODE	
			OILI					
2) NAME OF FILING OFFICER			4) NAME OF FILING C	FFICER				
ADDRESS (NO. AND STREET)		,	ADDRESS		(NO. AND STREET)			
CITY	STATE 2	ZIP CODE	CITY			STATE	ZIP CODE	
6. Verification								
I certify that the "independent expenditure(s)" disclosed as those terms are defined in Government Code Section statement and to the best of my knowledge the informat the foregoing is true and correct.	n 82031 and <u>Fl</u>	ent were not "made at t PPC Regulation 18225	he behest of" the cand 7. I have used all reas	didate or comn sonable diliger	nittee that benefitted fronce in preparing and reference in preparing and reference in the laws of the	viewing this		
Executed on 10/30/10	Ву				EASURER			
Executed on	By s	SIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE,	STATE MEASURE	PROPONENT, OR RESPONSIB	LE OFFICER OF	SPONSOR	
Executed on	Ву "	SIGNATUR	E OF CONTROLLING OFFICE	HOLDER, CANDIDA	ATE, STATE MEASURE PROPO	NENT	<del></del>	
Executed on	Ву _	SIGNATUR	E OF CONTROLLING OFFICE	HOLDER, CANDIDA	ATE, STATE MEASURE PROPO	NENT		

	denendent Type or print in ink.			SUPPLEMENTAL INDEPENDENT EXPENDITURE						
Supplemental Indepen Expenditure Report (Government Code Section 84203.5)	Amounts may be rounded to whole dollars.  ment Code Section 84203.5)			Report covers period from 07/01/2015		Date Starr	,	CALIFORN FORM	<sup>IA</sup> 4	65
Report #1 SEE INSTRUCTIONS ON REVERSE	ON REVERSE Amendment (Explain Bel	lelow)	through09/30/2	015	VECEI	VED	Page1	_ of	3	
				Date of election if a (Month, Day, )		RECEI  NOV - 3 2  MENDOCINO ASSESSOR'S	015 COUNTY OFFICE	For Offici	al Use Onl	у
1. Committee/Filer Inforr	nation	NUMBER (If recipient committee)		Treasurer	(If recipient c					
COMMITTEE/FILER'S NAME Humboldt Redwood Company L Company LLC	113	e Mendocino Redwood		NAME OF TREAS						
STREET ADDRESS (NO P.O. BOX)			<del></del>	MAILING ADDRES	S					_
P.O. Box 390 / 6500 Durabl	e Mill Road						7/0.0005	ADEA	CODE/DI	IONE
CITY	STATE ZIP CO	DE AREA CODE/PHO	ONE	CITY		STATE	ZIP CODE	AREA	CODE/PH	IONE
Calpella	CA 9541	3		<u></u>						
OPTIONAL: FAX/E-MAIL ADDRESS	Marana Suna	rted or Opposed		OPTIONAL: FAX/	E-WAIL ADDI		***************************************			
2. Name of Candidate or	measure Suppo	rted or Opposed		OFFICE SOUGHT OR HE	ELD AND DIS	TRICT IF APPLICABLE			SUPPORT	OPPOSE
NAME OF CANDIDATE				OFFICE SOUGHT ON TH	ELD AND DIS	INIOI, II AIT LIOADEL			00110111	0.7002
NAME OF BALLOT MEASURE			****	BALLOT NO./LETTER	JURISDIC	TION			SUPPORT	OPPOSE
Proposed Tan Oak Initiati	ve (Not yet qualifi	ed)		N/A	Mendoo	ino County				X
3. Independent Expendit	tures Made Attach		ropriately l	abeled continuation she		i AM	J TNUC		VE TO DA DAR YEAR - DEC. 31	₹
09/17/2015 Mighty Media			Media S	ervice Fee			397.70	(VAIN. I		,279.24
(Paid for by Mendocino Redwood C 09/17/2015 Mendocino Re	ompany LLC) dwood Company LLC	·	Postage	and Stationary f	or Mailing	9	281.52	· · · · · · · · · · · · · · · · · · ·	27	,279.24
- Paris Paris				-						
(Paid for by Mendocino Redwood C	ompany LLC) eting Group, LLC		Drofees	ional services -	Media Cam	paign	7,651.25		27	7,279.24
09/17/2015 Risdall Mark	SETTING GLOUD, DIC		101699	20141 502 ( 2000			,			

(Paid for by Mendocino Redwood Company LLC)

## SUPPLEMENTAL INDEPENDENT EXPENDITURE

## **Supplemental Independent Expenditure Report**

SEE INSTRUCTIONS ON REVERSE

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

		0011
Re	eport covers period	Date Stamp
from	07/01/2015	
through	09/30/2015	
Date of	f election if applicable:	

(Month, Day, Year)

CALIFORNIA **FORM** 

For Official Use Only

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to

any other required	campaign statements.			CUMULATIVE TO DATE
IV Independ	dent Expenditures Made Attach additional informat	tion on appropriately labeled continuation sheets.  DESCRIPTION OF EXPENDITURE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31)
09/17/2015	Risdall Marketing Group, LLC	Professional services - Media campaign	12,187.68	27,279.24
(Paid for by Me	endocino Redwood Company LLC)			
09/20/2015	Sonoma Media Investments LLC	The Press Democrat - Newspaper Ads	1,447.19	27,279.24
(Paid for by Me 09/17/2015	Fort Bragg Advocate-News/The Mendocino Beacon	Ads for Fort Bragg Advocate - News, Lake County Record-Bee, Mendocino Beacon, Ukiah Daily Journal.	2,512.20	27,279.24
	endocino Redwood Company LLC)		1,946.49	27,279.24
09/17/2015	Sonoma Media Investments LLC	The Press Democrat - Newspaper Ads	1,940.49	21,213.23
	endocino Redwood Company LLC)	Ad for Willits News.	855.21	27,279.24
09/16/2015 (Paid for by Me	Fort Bragg Advocate-News/The Mendocino Beacon	AU TOT WITTES NEWS.		

SLIPPLEMENTAL	INDEPENDENT	EXPENDITUR

Supplemental Independent Expenditure Report		Amounts may be rounded to whole dollars.		california 465
SEE INSTRUCTIONS ON REVERSE			through 09/30/2015	Page 3 of 3
NAME OF FILER Humboldt Redwood Company LLC and its Affiliate Mo	endocino Redwood Company L	LC		I.D. NUMBER (If recipient com.) 1371844
4. Summary				
1. Total independent expenditures of \$100 or more	e made this period. (Part 3.)			\$ 27,279.24
2. Total independent expenditures under \$100 ma	de this period. (Not itemized.	.)		\$0.00
3. Total independent expenditures made this peri	od (Add Lines 1 + 2.)			.TOTAL \$27,279.24
5. Filing Officers Enter the name and address of	each filing officer with whom the	e filer's most recent car	npaign statements (Form 450, 4	60 or 461) have been filed.
1) NAME OF FILING OFFICER		3) NAME OF FILIN	NG OFFICER	
Secretary of State ADDRESS (NO. AND STREET)	<u></u>	ADDRESS	(NO. AND STREE	ET)
		CITY		STATE ZIP CODE
,		4) NAME OF FILII	NG OFFICER	
ADDRESS (NO. AND STREET)		ADDRESS	(NO. AND STREE	ET)
CITY	STATE ZIP CODE	CITY		STATE ZIP CODE
6. Verification  I certify that the "independent expenditure(s)" disclosed as those terms are defined in Government Code Section statement and to the best of my knowledge the information the foregoing is true and correct.  Executed on DATE  Executed on DATE	on 82031 and FPPC Regulation I tion contained her	8225.7. I have used all	reasonable diligence in preparing	s of the State of California that
Executed on	Bysig	ENATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, STATE MEASUR	RE PROPONENT
Executed on	By	ENATURE OF CONTROLLING OF	FICEHOLDER, CANDIDATE, STATE MEASUR	RE PROPONENT