

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.

Amendment (Explain Below)

Report covers period
from 07/01/15

through 12/31/15

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

RECEIVED SUPPLEMENTAL INDEPENDENT EXPENDITURE

Date Stamp
CITY CLERK

16 FEB -1 AM 10:49

CITY OF COSTA MESA
BY mtrayle
(Hand-delivered)

CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1332564

Treasurer (If recipient committee)

NAME OF TREASURER

Richard J. Huffman

MAILING ADDRESS

PO Box 2282

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Costa Mesa</u>	<u>CA</u>	<u>92628</u>	<u>714-549-5884</u>

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE/FILER'S NAME

Costa Mesa First

STREET ADDRESS (NO P.O. BOX)

1181 Atlanta Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Costa Mesa</u>	<u>CA</u>	<u>92626</u>	<u>714-549-5884</u>

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
<u>Qualify an initiative to require voter approval on certain development projects</u>	<u>none assigned</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
<u>Qualify an initiative to require voter approval on certain development projects</u>	<u>none assigned</u>	<u>City of Costa Mesa</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)
<u>07/07/15</u>	<u>Jay Humphrey - Agent, JT Printing - Vendor 12771 Western Ave, Ste. H Garden Grove, CA 92841</u>	<u>Printing of petitions</u>	<u>221.40</u>	<u>221.40</u>
<u>07/15/15</u>	<u>Jay Humphrey - Agent, LA Times/Daily Pilot - Vendor 10540 Talbert Ave., Ste. 300 Fountain Valley, CA 92708</u>	<u>Publication of notice of intent to circulate petition</u>	<u>343.37</u>	<u>343.37</u>
<u>12/16/15</u>	<u>LA Times/Daily Pilot 10540 Talbert Ave., Ste. 300 Fountain Valley, CA 92708</u>	<u>Print ad</u>	<u>640.00</u>	<u>640.00</u>

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	07/01/15	
through	12/31/15	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Costa Mesa First		1332564

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	1204.77
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	90.52
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 1295.29

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
Richard J. Huffman, II

ADDRESS (NO. AND STREET)
PO Box 2282

CITY STATE ZIP CODE
Costa Mesa CA 92628

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

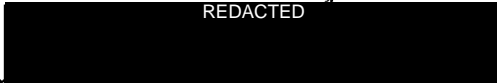
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 01/29/16
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