

# 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 09/25/2016  
through 10/22/2016  
Date of election if applicable:  
(Month, Day, Year)  
11/06/2012

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**RECEIVED**  
Date Stamp  
**CITY CLERK**

**16 OCT 28 AM 10:21**

**CITY OF COSTA MESA**  
BY \_\_\_\_\_

**CALIFORNIA FORM 465**

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For Official Use Only

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME  
Residents for Reform

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE G//555 N El Camino Real #A109

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana//San Clemente	CA	92705	(714) 540-2295

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)  
1351756

## Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE G

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	(714) 540-2295

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	CHECK ONE	
		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE Measure AA	BALLOT NO./LETTER AA JURISDICTION City of Costa Mesa	SUPPORT	OPPOSE X

## 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)
10/14/2016	Bieber Communications 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	LIT & POS	5,350.80	5,350.80

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>03/25/2016</u> through <u>10/22/2016</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 1351756

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Residents for Reform

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	5,350.80
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	5,350.80

## 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 \_\_\_\_\_  
County of Orange  
ADDRESS (NO. AND STREET) \_\_\_\_\_  
1300 S Grand Ave  
CITY STATE ZIP CODE  
Santa Ana CA 92704

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 10/26/2016  
DATE

By \_\_\_\_\_  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT