

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 July 1, 2012
through Sept. 30, 2012
Date of election if applicable:
(Month, Day, Year)
Nov. 6, 2012

RECEIVED
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Date Stamp
2012 OCT -5 PM 3:41
CITY OF COSTA MESA
BY _____

SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465
Page 1 of 3
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1344077

COMMITTEE/FILER'S NAME

Costa Mesans 4 Responsible Government (CM4RG)

STREET ADDRESS (NO P.O. BOX)

1620 Sandalwood St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Costa Mesa</u>	<u>CA</u>	<u>92626</u>	<u>714-751-6552</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

John Humphrey

MAILING ADDRESS

1620 Sandalwood St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Costa Mesa</u>	<u>CA</u>	<u>92626</u>	<u>714-751-6552</u>

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

John Stephens

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member City of Costa Mesa, CA

SUPPORT 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)
9/6/2012	COGS South Signs	Yard Signs	\$595.00	\$1,781.00
9/27/2012	JT Printing 12771 Western Ave. Suite H Garden Grove, CA 92841	Flyer for Distribution	\$200.00	\$1,781.00
9/30/2012	California Premier Printing 2173 Salk Ave, Suite 250 Carlsbad, CA 92008	Printing of Mailer	\$320.82	\$1,781.00

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Amendment (Explain Below)

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Date of election if applicable: (Month, Day, Year) <u>Nov. 6, 2012</u>		
		Page <u>2</u> of <u>3</u>
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OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>John Stephens</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member City of Costa Mesa, CA</u>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>
			OPPOSE <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)
9/30/2012	Mail Pros Inc 5261 Business Dr. Huntington Beach, CA 92649	Postage for mailer	\$665.18	\$1,781.00

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	Page <u>3</u> of <u>3</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	<u>\$1,781.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	<u>100.03</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ <u>\$1,881.03</u>

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
Brenda Green City Clerk of Costa Mesa

ADDRESS (NO. AND STREET)
77 Fair Drive

CITY STATE ZIP CODE
Costa Mesa CA 92627

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 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


Executed on 11/5/2012
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 

By  RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT