

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 Oct. 1, 2012
through Oct. 20, 2012
Date of election if applicable:
(Month, Day, Year)
Nov. 6, 2012

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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 V. 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

Sandra Genis

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member--City of Costa Mesa

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

SUPPORT

OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/9/2012	California Premier Printing 2173 Salk Ave. Suite 250 Carlsbad, CA 92008	Lit -- Flyer	\$127.95	\$4,429.31
10/9/2012	Vista Print 95 Hayden Ave Lexington, MA 02421	Signs	\$132.85	\$4,429.31
10/16/2012	COGS South Signs 3309 S. Main St Santa Ana, CA 92707	Yard Signs	\$352.50	\$4,429.31

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1344077

Treasurer (if recipient committee)

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1620 Sandalwood St.

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

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Sandra Genis	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member -- City of Costa Mesa	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <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)
10/19/2012	XPRESS Printing 1900 B E. Warner Ave Santa Ana, CA 92705	Lit -- Flyer	\$396.67	\$4,429.31
10/19/2012	Mail Pros, Inc 5261 Business Dr. Huntington Beach, CA 92649	Flyer mailing	\$583.34	\$4,429.31

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	Oct. 1, 2012	
through	Oct. 20, 2012	Page <u>3</u> of <u>3</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Costa Mesans 4 Responsible Government (CM4RG)		1344077

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	\$1,593.31
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	\$55.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 1,648.31

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, City 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

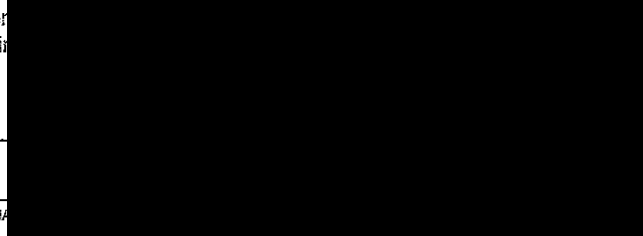
4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and the information herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing



herein is true and complete. I certify under

Executed on 10/25/2012
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

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

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