

**Supplemental Independent Expenditure Report**

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

CA - 1703429

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

**Amendment** (Explain Below)

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Report covers period  
from 10/01/2012  
through 10/20/2012

Date Stamp  
**RECEIVED CITY CLERK**  
**2012 OCT 29 AM 10:03**

Date of election if applicable:  
(Month, Day, Year)  
11/06/2012

**CITY OF COSTA MESA**  
**BY**

**CALIFORNIA FORM 465**

Page 1 of 2

For Official Use Only

**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)  
1288619

COMMITTEE/FILER'S NAME  
OCTaxPAC, Sponsored by the Orange County Taxpayers Association

STREET ADDRESS (NO P.O. BOX)  
25 Orchard

CITY STATE ZIP CODE AREA CODE/PHONE  
Lake Forest CA, 92630 (949) 768-1600

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer** (If recipient committee)

NAME OF TREASURER  
J. Richard Eichman

MAILING ADDRESS  
1127 11th Street, Suite 300

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA, 95814

OPTIONAL: FAX / E-MAIL ADDRESS

**2. Name of Candidate or Measure Supported or Opposed**

CHECK ONE

NAME OF CANDIDATE Colin McCarthy	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Planning Commission City of Costa Mesa	SUPPORT X	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)
10/01/2012	Bieber Communications, Inc. 3609 W. MacArthur Boulevard, Suite 812 Santa Ana, CA 92704	Mailer	3,578.56	3,578.56
10/01/2012	U.S. Postal Service 615 N. Bush Street Santa Ana, CA 92702	Mailer supporting Steve Mensinger, Colin McCarthy & Gary Monahan	3,544.25 MEMO Subpayment made through: Bieber Communications, Inc.	
10/01/2012	Voter Link 11299 N. 6000 West Highland, UT 84003	Mailer supporting Steve Mensinger, Colin McCarthy & Gary Monahan	567.08 MEMO Subpayment made through: Bieber Communications, Inc.	

# Supplemental Independent Expenditure Report

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	10/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
NAME OF FILER OCTaxPAC, Sponsored by the Orange County Taxpayers Association		I.D. NUMBER (if recipient com.) 1288619

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## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,578.56
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>	3,578.56

## 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	3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
2) NAME OF FILING OFFICER	4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	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 Section 90000. 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 correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>10-23-12</u>	By _____
DATE	SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT