

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)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 01/01/2012 through 10/20/2012	RECEIVED CITY CLERK 2012 OCT 29 AM 10:04 CITY OF COSTA MESA BY	CALIFORNIA FORM 465 Page 1 of 3 For Official Use Only
Date of election if applicable: (Month, Day, Year) 11/06/2012		

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1351853

COMMITTEE/FILER'S NAME
ORANGE COUNTY JOBS COALITION

STREET ADDRESS (NO P.O. BOX)
3161 MICHELSON DRIVE, 12TH FLOOR

CITY STATE ZIP CODE AREA CODE/PHONE
IRVINE CA, 92612 (213) 624-6200

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
FLORA YIN

MAILING ADDRESS
3699 WILSHIRE BLVD., SUITE 1290

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA, 90010 (213) 624-6200

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 City Council Member 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)
10/16/2012	THE MONACO GROUP 1011 S. LINWOOD AVE. SANTA ANA, CA 92705	MAILER	2,668.00	13,814.66
10/16/2012	VINCE MONACO 25 CORN FLOWER STREET TRABUCO CANYON, CA 92679	MAILER	4,732.42	13,814.66
10/19/2012	THE MONACO GROUP 1011 S. LINWOOD AVE. SANTA ANA, CA 92705	MAILER	2,737.00	13,814.66

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from <u>01/01/2012</u> through <u>10/20/2012</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>3</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>		

IV 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	VINCE MONACO 25 CORN FLOWER STREET TRABUCO CANYON, CA 92679	MAILER	3,677.24	13,814.66

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2012	
through	10/20/2012	Page <u>3</u> of <u>3</u>
NAME OF FILER ORANGE COUNTY JOBS COALITION		I.D. NUMBER (If recipient com.) 1351853

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	13,814.66
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	13,814.66

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
ORANGE COUNTY REGISTRAR OF VOTERS

ADDRESS (NO. AND STREET)
P.O. BOX 11298
1300 S. GRAND AVE., #C

CITY STATE ZIP CODE
SANTA ANA, CA 92711

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 reviewed this statement and to the best of my knowledge the information contained herein is true and complete. I am a resident of the State of California that the foregoing is true and correct.

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICER

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

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