

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 01/01/2012
through 10/20/2012
Date of election if applicable:
(Month, Day, Year)
11/06/2012

RECEIVED
CITY CLERK
Date Stamp
2012 OCT 29 AM 10: 04
CITY OF COSTA MESA
BY _____

SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
802010

Treasurer (If recipient committee)

NAME OF TREASURER
LUCY DUNN

MAILING ADDRESS
2 PARK PLAZA, SUITE 100

CITY STATE ZIP CODE AREA CODE/PHONE
IRVINE CA, 92614 (949) 476-2242

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE/FILER'S NAME
ORANGE COUNTY BUSINESS COUNCIL'S BIZ PAC
STREET ADDRESS (NO P.O. BOX)
2 PARK PLAZA, SUITE 100
CITY STATE ZIP CODE AREA CODE/PHONE
IRVINE CA, 92614 (949) 476-2242
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)
10/11/2012	BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., STE. 812 SANTA ANA, CA 92704	MAILERS	2,356.01	3,514.70
10/15/2012	BIEBER COMMUNICATIONS 3609 W. MACARTHUR BLVD., STE. 812 SANTA ANA, CA 92704	MAILERS	1,158.69	3,514.70

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
NAME OF FILER ORANGE COUNTY BUSINESS COUNCIL'S BIZ PAC		I.D. NUMBER (If recipient com.) 802010

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,514.70
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	\$ 3,514.70

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
SECRETARY OF STATE

ADDRESS (NO. AND STREET)
1500 11TH ST., RM. 495

CITY STATE ZIP CODE
SACRAMENTO, CA 95814

2) NAME OF FILING OFFICER
ORANGE COUNTY REGISTRAR OF VOTERS

ADDRESS (NO. AND STREET)
1300 S. GRAND AVE., BLDG. C

CITY STATE ZIP CODE
SANTA ANA, CA 92705

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

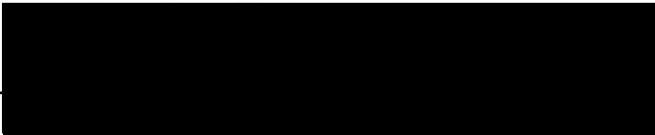
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

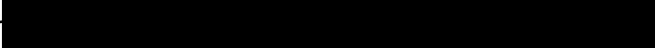
ADDRESS (NO. AND STREET)

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 used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained  for the laws of the State of California that the foregoing is true and correct.

Executed on 10/25/12
DATE

By  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