

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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>Oct. 21, 2012</u> through <u>Dec. 31, 2012</u>	Date Stamp RECEIVED CITY CLERK 13 JAN 31 PM 1:54 CITY OF COSTA MESA BY _____	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>Nov. 6, 2012</u>	Page <u>1</u> of <u>4</u>	For Official Use Only

Amendment (Explain Below)

I.D. NUMBER (If recipient committee)
1344077

1. Committee/Filer Information

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

NAME OF CANDIDATE

Sandra Genis

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member -- City of Costa Mesa

CHECK ONE

SUPPORT	OPPOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT	OPPOSE
<input type="checkbox"/>	<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)
10/22/2012	LA Times 202 W. First St. Los Angeles, CA 90012	Print Ad	\$604.00	\$7,762.00
10/26/2004	LA Times 202 W. First St. Los Angeles, CA 90012	Print Ad	\$100.00	\$7,762.00
10/27/2012	Mailing Pros Inc. 5261 Business Dr Huntington Beach, CA 92649	Lit-Mailer	\$110.06	\$7,762.00

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SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

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DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/28/2012	Xpress Printing 1900-B East Warner Ave. Santa Ana, CA 92705	Printing Lit	\$531.67	\$7,762.00
10/30/2012	Mailing Pros 5261 Business Dr Huntington Beach, CA 92649	Lit--Mailer	\$749.24	\$7,762.00
10/30/2012	R & D Graphics 33655 Seawind Court Dana Point, CA 92629	Lit	\$244.44	\$7,762.00

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City Council Member--City of Costa Mesa

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NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT	OPPOSE
<input type="checkbox"/>	<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)
10/31/2012	Mailing Pros 5261 Business Dr Huntington Beach, CA 92649	Lit--, Mailer	\$962.32	\$7,762.00

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from	Oct. 21, 2012	
through	Dec. 31, 2012	Page <u>4</u> of <u>4</u>
		I.D. NUMBER (if recipient com.) 1344077

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NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	\$3,301.73
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	\$30.96
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL	\$ 3,332.69

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

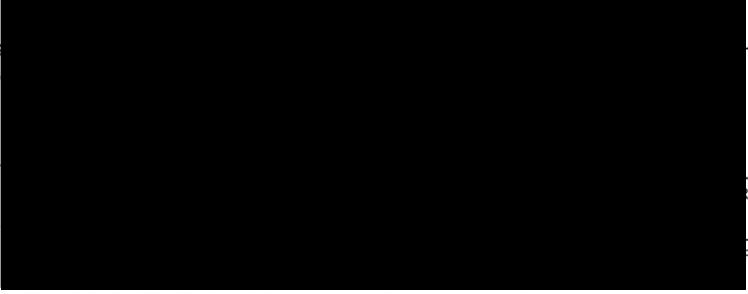
I have used all reasonable diligence in preparing and reviewing this statement and the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete. I certify under

Executed on 1/31/2013
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By  _____
ER

By _____
RESPONSIBLE OFFICER OF SPONSOR

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

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