

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

Mailed 10/25/12

Amendment (Explain Below)

Report covers period from <u>10/01/2012</u> through <u>10/20/2012</u>	Date Stamp RECEIVED 2012 OCT 26 P 1:07 CITY OF DANA POINT	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1271053

COMMITTEE/FILER'S NAME

Taxpayers For Safer Neighborhoods

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Bazzett Garcia

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Carlos Olvera

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member Dana Point

CHECK ONE

SUPPORT OPPOSE
X

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)
10/20/2012	Landslide Communications of Nevada Inc. _____	Phone calls	34.49	3,291.13
10/20/2012	DMK & Associates, Inc. _____	Literature and mailings	3,256.64	3,291.13

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	10/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (If recipient com.) 1271053

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Taxpayers For Safer Neighborhoods

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 3,291.13
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 \$ 3,291.13

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
City of Dana Point

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

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 benefited 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 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 correct.

Executed on 10/25/12
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

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