

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

Amendment (Explain Below)

Report covers period
from 10/17/2004
through 12/31/2004

Date of election if applicable:
(Month, Day, Year)
11/02/2004

Date Stamp

11/17/2004

CALIFORNIA FORM 465

Page 1 of 3

For Official Use Only

Postmarked 1-31-05 JK

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1271053

Treasurer (If recipient committee)

NAME OF TREASURER
Barrett Garcia

MAILING ADDRESS
32302 Camino Capistrano #214

| | | | |
|----------------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>San Juan Capistrano</u> | <u>CA</u> | <u>92675</u> | <u>949 496-6363</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE/FILER'S NAME
Taxpayers For Safer Neighborhoods

STREET ADDRESS (NO P.O. BOX)
26012 Marguerite Pkwy Suite H-228

| | | | |
|----------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Mission Viejo</u> | <u>CA</u> | <u>92692</u> | <u>949 510-3397</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

| | | | | |
|--|---|--|------------------------------------|--------------------------|
| NAME OF CANDIDATE <u>Joe Snyder</u> | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member</u> | CHECK ONE | | |
| | | SUPPORT <input checked="" type="checkbox"/> | OPPOSE <input type="checkbox"/> | |
| NAME OF BALLOT MEASURE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |
| | | <u>Dana Point</u> | <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) |
|------|---------------------------|----------------------------|--------|---|
| | SEE ATTACHED SCHEDULE | | | |
| | | | | |
| | | | | |

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | | |
|-------------------------|------------|-----------------------------|
| Report covers period | Date Stamp | CALIFORNIA 1994 FORM 465 |
| from <u>10/17/04</u> | | |
| through <u>12/31/04</u> | | ← 2003 |
| | | For Official Use Only |

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.

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) |
|------------|--|----------------------------|----------|---|
| 10/28/2004 | DMH & ASSOCIATES 17595 Harvard, Suite C-138 Irvine CA 92614 Reference No: | Campaign mailings | 10000.00 | 10000.00 |
| 11/01/2004 | DMH & Associates 17595 Harvard, Suite C-138 Irvine CA 92614 Reference No: | Campaign mailings | 3000.00 | 3000.00 |

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | | |
|-----------------------------------|------------|---------------------------------|
| Report covers period | | CALIFORNIA FORM 465 |
| from | 10/17/2004 | |
| through | 12/31/2004 | Page <u>3</u> of <u>3</u> |
| NAME OF FILER | | I.D. NUMBER (If recipient com.) |
| Taxpayers for Safer Neighborhoods | | 1271053 |

SEE INSTRUCTIONS ON REVERSE

4. Summary

| | | |
|---|-----------------|---------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ | 13,000 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ | |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ | 13,000 |

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)
33282 Golden Lantern Street

CITY STATE ZIP CODE
Dana Point CA 92629

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

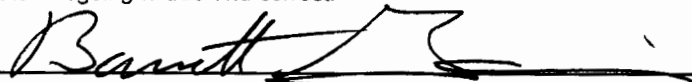
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-31-05
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF 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