

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 7/1/04
through 12/31/04

Date of election if applicable:
(Month, Day, Year)
11/2/04

Date Stamp
NOV 11 11:02 AM '04

CALIFORNIA FORM 465

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1226179

COMMITTEE/FILER'S NAME
Clean Beaches Coalition

STREET ADDRESS (NO P.O. BOX)
24843 Del Prado Ste 262

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Dana Point</u>	<u>CA</u>	<u>92629</u>	<u>(949)489-0502</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Everett David Busk

MAILING ADDRESS

PO Box 3660

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Dana Point</u>	<u>CA</u>	<u>92629</u>	<u>(949)489-0502</u>

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE
Joe Snyder

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
Dana Point City Council

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.*

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
9/15-10/25	Bieber Communications 3605 W. MacArthur Blvd Ste 712 Santa Ana CA 92704	Literature	16,795.13	
9/29	The Greensburgh Group Inc 245 Fischer Ave C-3 Costa Mesa CA 92626	mailing list	134.31	
9/10-10/4	US Postmaster	business reply mail	337.50	

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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>Dana Point City Council</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE
			<input checked="" type="checkbox"/> <input type="checkbox"/>
			<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)
10/21	TTT Marketing 9501 Jeronimo Rd Ste 120 Irvine CA 92618	Literature	1462.65	
10/21	Walking Man Inc 801 E. 6th St Los Angeles CA 90021	delivery	375.00	

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from	7/1/04	
through	12/31/04	Page <u>3</u> of <u>3</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Clean Beaches Coalition	I.D. NUMBER (if recipient com.) 1226179
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	19,104.58
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	128.75
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	19,233.33

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
Cathy Catlett, Asst. City Clerk

ADDRESS (NO. AND STREET)
33282 Golden Lantern

CITY STATE ZIP CODE
Dana Point CA 92629

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 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 _____
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