

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

CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

Report covers period
from 10/01/2010
through 10/16/2010
Date of election if applicable:
(Month, Day, Year) 2010 OCT 21 P 6:07
11/02/2010

Date Stamp
RECEIVED
2010 OCT 21 P 6:07

Amendment (Explain Below)

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

Barrett Garcia

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY OF DANA POINT

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Lisa Bartlett

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member, Dana Point

BALLOT NO./LETTER

JURISDICTION

CHECK ONE

SUPPORT OPPOSE

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) |
|------------|---------------------------|----------------------------|----------|---|
| 10/16/2010 | DMH & Associates _____ | Campaign Literature | 5,665.98 | 5,665.98 |
| | | | | |
| | | | | |

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| | |
|---|---|
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| | Page <u>2</u> of <u>2</u> |
| | I.D. NUMBER (If recipient com.) <u>1271053</u> |

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NAME OF FILER
Taxpayers For Safer Neighborhoods

4. Summary

| | |
|---|---------------------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ <u>5,665.98</u> |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ _____ |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ <u>5,665.98</u> |

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)
[REDACTED]
CITY STATE ZIP CODE
[REDACTED]

3) NAME OF FILING OFFICER
Registrar-Recorder, Los Angeles County
ADDRESS (NO. AND STREET)
[REDACTED]
CITY STATE ZIP CODE
[REDACTED]

2) NAME OF FILING OFFICER
County of San Francisco
ADDRESS (NO. AND STREET)
[REDACTED]
CITY STATE ZIP CODE
[REDACTED]

4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)
[REDACTED]
CITY STATE ZIP CODE
[REDACTED]

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 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 10-21-10
DATE

By [Signature]
SIGNATURE OF FILER, TREASURER OR ASSISTANT 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