

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.

Report covers period from <u>10/17/2010</u> through <u>12/31/2010</u>	Date Stamp RECEIVED 2011 JAN 25 A 10:08	CALIFORNIA 1994 FORM 465
Date of election if applicable (Month, Day, Year) <u>11/02/2010</u>		1 / 3
		For Official Use Only

Amendment No _____
Report No SIE169-01231

Amendment (Explain Below)

1. Committee/Filer Information

NAME OF FILER
Taxpayers For Safer Neighborhoods

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
()

I.D. NUMBER (if recipient committee)
1271053

Treasurer (if recipient committee)

NAME OF TREASURER CITY OF DANA POINT

Barrett 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
Lisa Bartlett

NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD
City Council Member - Dana Point

BALLOT NO./LETTER JURISDICTION

CHECK ONE

SUPPORT	OPPOSE
	X

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	CALIFORNIA 1994 FORM 465 2 / 3 I.D. NUMBER (If Recipient Com.) 1271053
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NAME OF FILER

Taxpayers For Safer Neighborhoods

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	3896.67
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 \$	3896.67

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

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 and in the attached schedules 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 01/21/2011
DATE

By Barrett Garcia
SIGNATURE OF 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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	Date Stamp	CALIFORNIA 1994 FORM 465
from _____		
through _____		3 / 3
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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)
10/29/2010	COGS South [REDACTED]		646.47	646.47
10/25/2010	DMH & Associates [REDACTED]	Design, printing, mailing	2850.20	2850.20
10/29/2010	Impact Placements [REDACTED]		200.00	200.00
10/29/2010	Impact Placements [REDACTED]		200.00	200.00