

# 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 <u>1/1/04</u> through <u>9/30/04</u>	Date Stamp <u>2004 OCT 13 10:04</u>	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>	Page <u>1</u> of <u>2</u>	
		For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1248891

COMMITTEE/FILER'S NAME  
Taxpayers For a Better Dana Point

STREET ADDRESS (NO P.O. BOX)  
24843 Del Prado Suite 236

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Dana Point</u>	<u>CA</u>	<u>92629</u>	<u>949-933-5411</u>

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER  
Mike Winterhalter

MAILING ADDRESS  
234 Monarch Bay

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Dana Point</u>	<u>CA</u>	<u>92629</u>	<u>949-933-5411</u>

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>April O'Connor</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	<table border="1"> <tr> <td>SUPPORT</td> <td>OPPOSE</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	SUPPORT	OPPOSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUPPORT	OPPOSE						
<input checked="" 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)
9/15/04	Bieber Communications 3605 W. MacArthur Blvd. Suite 712 Santa Ana CA 92704	campaign mailer	3181.50	3181.50
9/29/04	Bieber Communications 3605 W. MacArthur Blvd. Suite 712 Santa Ana CA 92704	campaign mailer	2800.00	5981.50

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM <b>465</b>
from	1/1/04	
through	9/30/04	Page <u>2</u> of <u>2</u>
NAME OF FILER Taxpayers For a Better Dana Point		I.D. NUMBER (if recipient com.) 1248891

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	5981.50
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b>	\$ 5981.50

## 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  
Sharon Street, 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

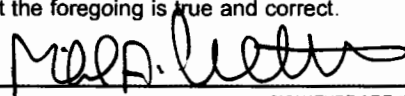
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/12/2004  
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