

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 07/01/2008

through 12/31/2008

Date of election if applicable:
(Month, Day, Year)

11/04/2008

Date Stamp

ORIGINAL

CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

CITY OF DANA POINT
2008 JAN - 8 P 11
RECEIVED

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1291501

COMMITTEE/FILER'S NAME

TaxpayersAdvocate.org PAC

STREET ADDRESS (NO P.O. BOX)

330 Encinitas Blvd., Ste. 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	760-632-3600

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Nancy Haley

MAILING ADDRESS

330 Encinitas Blvd., Ste. 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Encinitas	CA	92024	760-632-3600

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
Scott Schoeffel	City Council Member City of Dana Point	X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
10/29/2008	The Monaco Group 14352 Franklin Avenue, Unit B Tustin, CA 92780	Mail	2,492.72	2,492.72

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	07/01/2008	
through	12/31/2008	Page <u>2</u> of <u>2</u>
NAME OF FILER TaxpayersAdvocate.org PAC		I.D. NUMBER (If recipient com.) 1291501

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	2,492.72
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 \$	2,492.72

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
State of California

ADDRESS (NO. AND STREET)
1500 11th Street, Room 495

CITY STATE ZIP CODE
Sacramento, CA 95814

2) NAME OF FILING OFFICER
San Francisco Dept of Elections

ADDRESS (NO. AND STREET)
One Dr Carlton Goodlett Place

CITY STATE ZIP CODE
San Francisco, CA 94102

3) NAME OF FILING OFFICER
Los Angeles Registrar & Recorder

ADDRESS (NO. AND STREET)
12400 Imperial Highway

CITY STATE ZIP CODE
Norwalk, CA 90650

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.

JAN 06 2009

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____
SIGNATURE OF FILER, 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