

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

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

CITY OF DANA POINT RECEIVED JAN 8 2009 11:14

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
<u>Lou Penrose</u>	<u>City Council Member City of Dana Point</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)
<u>10/29/2008</u>	<u>The Monaco Group 14352 Franklin Avenue, Unit B Tustin, CA 92780</u>	<u>Mail</u>	<u>2,492.72</u>	<u>2,492.72</u>

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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

NAME OF FILER
TaxpayersAdvocate.org PAC

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.

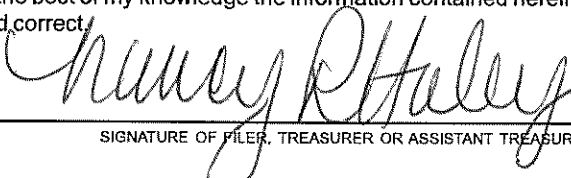
JAN 06 2009

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