

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 10/17/2004
through 12/31/2004

Date Stamp

CALIFORNIA FORM **465**

Page 1 of 2

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

11/02/2004

For Official Use Only

*Postmarked
1-31-05*

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)

26012 Marguerite Pkwy Suite H-228

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Mission Viejo</u>	<u>CA</u>	<u>92692</u>	<u>949 510-3397</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (if recipient committee)

NAME OF TREASURER

Barrett Garcia

MAILING ADDRESS

32302 Camino Capistrano #214

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>San Juan Capistrano</u>	<u>CA</u>	<u>92675</u>	<u>949 496-6363</u>

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Lara Anderson

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member

SUPPORT

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

Dana Point

SUPPORT

OPPOSE

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

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>10/28/2004</u>	<u>DMH & Associates 17595 Harvard, Suite C-138 Irvine, CA 92614</u>	<u>Mailings</u>	<u>5,000</u>	<u>5,000</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	10/17/2004	
through	12/31/2004	Page <u>2</u> of <u>2</u>
NAME OF FILER Taxpayers for Safer Neighborhoods		I.D. NUMBER (If recipient com.) 1271053

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	5,000
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	5,000

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
City of Dana Point

ADDRESS (NO. AND STREET)
33282 Golden Lantern Street

CITY STATE ZIP CODE
Dana Point CA 92629

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 1-31-05
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By [Signature]
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