

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

Report covers period from <u>10/17/2004</u> through <u>12/31/2004</u>	Date Stamp	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/02/2004</u>		
<input type="checkbox"/> Amendment (Explain Below)		Page <u>1</u> of <u>2</u>
		For Official Use Only <i>Postmarked 1-31-05 JH</i>

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1269185

COMMITTEE/FILER'S NAME

League of Independent Voters

STREET ADDRESS (NO P.O. BOX)

34145 Pacific Coast Highway #306

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Dana Point</u>	<u>CA</u>	<u>92629</u>	<u>949 496-6363</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

NAME OF CANDIDATE <u>Diane Harkey</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
		<u>Dana Point</u>	
			SUPPORT <input type="checkbox"/> OPPOSE <input checked="" 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)
<u>10/23/2004</u> <i>10/25/2004</i>	<u>Bieber Communications</u> <u>3605 W. MacArthur Blvd, Ste 712</u> <u>Santa Ana, CA 92704</u>	<u>Mailings</u>	<u>17,684</u>	<u>31,420.26</u>

Supplemental Independent Expenditure Report

Type or print in ink.
Amounts may be rounded
to whole dollars.

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.) 1269185

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Taxpayers for Safer Neighborhoods

I.D. NUMBER (If recipient com.)

1269185

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	17,684
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	17,684

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

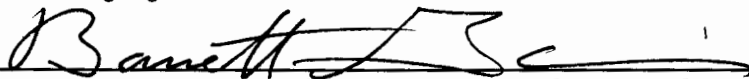
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-31-05
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT