

# 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

CALIFORNIA FORM **465**

Report covers period  
from 10-19-14  
through 11-3-14

RECEIVED  
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14 OCT 31 AM 11:23

Page 1 of 2

For Official Use Only

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

CITY OF COSTA MESA  
BY [Redacted] Hand Delivered

Amendment (Explain Below)

I.D. NUMBER (If recipient committee)

## 1. Committee/Filer Information

## Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

COSTA MESA FIRST

NAME OF TREASURER

RICHARD J. HUFFMAN, JR

STREET ADDRESS (NO P.O. BOX)

1181 ATLANTA WAY

MAILING ADDRESS

PO BOX 2282

CITY STATE ZIP CODE AREA CODE/PHONE

COSTA MESA CA 92626 714 549 5884

CITY STATE ZIP CODE AREA CODE/PHONE

COSTA MESA CA 92628 714 549 5884

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE

KARRINA FOLEY

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

COUNCIL - COSTA MESA

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

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)
10-30-14	DAILY PILOT 10540 TALBERT #300 92708 FOUNTAIN VALLEY CA <del>92708</del>	ADVERTISEMENT	\$ 1,300.-	\$ 1,300.-

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from _____ through _____	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
I.D. NUMBER (If recipient com.)	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>1300.-</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b> \$ <u>1300.-</u>

## 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  
RIKARD J. HUFFMAN, JR

ADDRESS (NO. AND STREET)  
1181 ATLANTA WAY

CITY STATE ZIP CODE  
COSTA MESA CA 92626

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

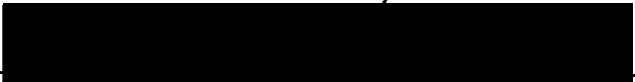
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence 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 10-30-14  
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