

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED CITY CLERK  2012 OCT -5 PM 3:42  CITY OF COSTA MESA BY _____	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>26</u> For Official Use Only

Statement covers period from <u>July 1, 2012</u>  through <u>Sept. 30, 2012</u>	Date of election if applicable: (Month, Day, Year)  <u>Nov 6, 2012</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |                                                                       |                                                                                                             |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee                                          |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Controlled                                                                            |
| <input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>         | <input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i>                                            |
| <input checked="" type="checkbox"/> General Purpose Committee         | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="radio"/> Sponsored                                       |                                                                                                             |
| <input type="radio"/> Small Contributor Committee                     |                                                                                                             |
| <input type="radio"/> Political Party/Central Committee               |                                                                                                             |

**2. Type of Statement:**

- |                                                                                             |                                                                               |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement                                              | <input checked="" type="checkbox"/> Quarterly Statement                       |
| <input type="checkbox"/> Semi-annual Statement                                              | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                          |                                                                               |

**3. Committee Information**

I.D. NUMBER  
**1344077**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**Costa Mesans 4 Responsible Government (CM4RG)**

STREET ADDRESS (NO P.O. BOX)

1620 Sandalwood St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92626	714-751-6552

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

PO BOX 4293

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92628	714-751-6552

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

John V. Humphrey

MAILING ADDRESS

1620 Sandalwood St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92626	714-751-6552

NAME OF ASSISTANT TREASURER, IF ANY

Perry Valentine

MAILING ADDRESS

317 Bowling Green Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92627	714-641-5067

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

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

Executed on 11/5/2012  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

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

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM <b>460</b>	
Page <u>2</u> of <u>26</u>	

### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE N/A			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME N/A	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

### 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE N/A		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

### 7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE N/A	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>July 1, 2012</u>	<b>CALIFORNIA FORM 460</b>
through <u>Sept. 30, 2012</u>	
Page <u>3</u> of <u>26</u>	
I.D. NUMBER <u>1344077</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>13,295.50</u>	\$ <u>\$18,764.50</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>13,295.50</u>	\$ <u>\$18,764.50</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	\$ <u>483.01</u>	\$ <u>\$2,530.17</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>\$13,778.51</u>	\$ <u>\$21,294.67</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>9583.93</u>	\$ <u>\$11,900.43</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>9583.93</u>	\$ <u>11,900.43</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	\$ <u>\$483.01</u>	\$ <u>\$2,530.17</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>\$10,066.94</u>	\$ <u>\$14,430.60</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>\$3152.50</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	\$ <u>\$13,295.50</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	\$ <u>\$0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	\$ <u>\$9,583.93</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>\$6864.07</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>July 1, 2012</u>		<b>CALIFORNIA FORM 460</b>
through <u>Sept. 30, 2012</u>		
		Page <u>4</u> of <u>26</u>
NAME OF FILER <b>Costa Mesans 4 Responsible Government (CM4RG)</b>		I.D. NUMBER <b>1344077</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Costa Mesans 4 Responsible Government (CM4RG)**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/7/12	Florence Martin 2442 Andover Place Costa Mesa, Ca 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$250.00	\$350.00	
7/10/12	Charlotte Johnson 344 Cabrillo St. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Librarian, Newport Mesa Unified School District.	\$100.00	\$100.00	
7/11/12	Robin Leffler 3000 Ceylon Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antique Dealer Self, no DBA	\$1,565.00	\$3,304.88	
7/17/12	Terrell & Deborah Koken 1778 Kenwood Pl. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$130.00	\$170.00	
7/18/12	Tom & Eleanor Egan 1893 Parkvirw Circle Costa Mesa,, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$108.50	\$108.50	
<b>SUBTOTAL \$</b>				<b>\$2153.50</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 11,585.50
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 1,710.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ 13,295.50</b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2012</u>		<b>CALIFORNIA FORM 460</b>
through <u>Sept. 30, 2012</u>		
Page <u>5</u> of <u>26</u>		I.D. NUMBER <u>1344077</u>

NAME OF FILER  
Costa Mesans 4 Responsible Government (CM4RG)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/24/12	Terri Fuqua 2253 Republic Ave Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legal Asst. Marshall, French & DeGrave, Atty's	\$100.00	\$100.00	
7/24/12	Todd Sveslosky 1743 New Hampshire Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$40.00	\$150.00	
7/25/12	Katherine Arthur 400 Cabrillo St. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Software Sales Person, Hewlett Packard	\$2500.00	\$2700.00	
7/26/2012	Sheila Pfafflin 1750 Whittier Ave. sp 42 Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$500.00	\$640.00	
7/26/2012	Robert Rasmussen 2074 Continental Ave Costa Mesa, CA 92627	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, Anaheim Union High School District	\$100.00	\$100.00	
<b>SUBTOTAL \$</b>				<b>\$3,240.00</b>		

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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	July 1, 2012	
through	Sept. 30, 2012	Page 6 of 26
NAME OF FILER		I.D. NUMBER
Costa Mesans 4 Responsible Government (CM4RG)		1344077

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/12	Mary Ann Lord 459 Flower St. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Asst. Alden Mgmt. group	\$100.00	\$100.00	
7/27/12	Charles Mooney 1730 Samar Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$1,000.00	\$2,240.00	
7/31/12	Sandie Frankiewicz 950 W. 19th St. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Alden Mgmt group	\$100.00	\$125.00	
7/31/12	Mary Hornbuckle 2221 Raleigh Ave. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Coast Community College District	\$100.00	\$100.00	
7/31/12	Douglas Morrow 3023 Royce Lane Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$1,200.00	\$1,220.00	
<b>SUBTOTAL \$</b>				<b>\$2,500.00</b>		

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2012</u>		<b>CALIFORNIA FORM 460</b>
through <u>Sept. 30, 2012</u>		
Page <u>7</u> of <u>26</u>		I.D. NUMBER <u>1344077</u>

NAME OF FILER  
Costa Mesans 4 Responsible Government (CM4RG)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/2/12	Patrick/Kim Clark/Aikin 2431 Duke Place Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate, Self Sales, Quest SFT	\$300.00	\$300.00	
8/2/12	Roberta Fox 1854 Kentucky Place Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$175.00	
8/4/12	Mary Martineau 1992 Kornat Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$100.00	
8/17/12	Dan/Tamar Goldman 2324 College Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor-English Orange Coast College	\$1,000.00	\$1,270.00	
8/22/12	Paul/Ann Kelly 2736 Mendoza Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$200.00	
<b>SUBTOTAL \$</b>				<b>\$1,600.00</b>		

\*Contributor Codes

- IND - Individual
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(other than PTY or SCC)
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- PTY - Political Party
- SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	July 1, 2012	
through	Sept. 30, 2012	Page 8 of 26
NAME OF FILER		I.D. NUMBER
Costa Mesans 4 Responsible Government (CM4RG)		1344077

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/24/12	Jeannine Arsenault 2872 El Rio Circle Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$150.00	
8/28/2012	Joy Williams 2207 State St. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$170.00	
8/30/12	Melissa/Vello Lippand 354 Bucknell Rd Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paralegal, Kawasaki Motors Corp, USA	\$100.00	\$200.00	
8/30/12	Ronald Epperson 3101 Coolidge Ave. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$100.00	
9/3/12	Cheryl Ooten 2846 Tabago Pl Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$200.00	\$200.00	
<b>SUBTOTAL \$</b>				<b>\$600.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2012</u> through <u>Sept. 30, 2012</u>		<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>26</u>		
NAME OF FILER <b>Costa Mesans 4 Responsible Government (CM4RG)</b>		I.D. NUMBER <b>1344077</b>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/12	Judith/Dennis Butler 1776 Panay Cir. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$100.00	
9/11/12	Perry/Pam Valentine 317 Bowling Green Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$217.00	\$417.00	
9/14/12	Joan/Arthur Perry 2760 Longwood Ct. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$100.00	
9/20/12	Mark/Rebecca Gleason 2861 Corvo Pl Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing VP, Nortridge, Inc.	\$100.00	\$100.00	
9/22/12	Michelle Schuller 417 Costa Mesa St. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$100.00	
<b>SUBTOTAL \$</b>				<b>\$617.00</b>		

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	July 1, 2012	
through	Sept. 30, 2012	Page 10 of 26
NAME OF FILER		I.D. NUMBER
Costa Mesans 4 Responsible Government (CM4RG)		1344077

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/012	Elizabeth/Kenton White 2824 Shantar Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$100.00	\$100.00	
9/17/2012	Ali/Gail Haghjoo 2041 Swan Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO, Hall Research	\$250.00	\$250.00	
9/19/2012	Dean/Cristine Reinemann 1877 Parkview Cir. Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$200.00	\$275.00	
9/27/2012	Richard/Cynthia Huffman/McDonald 1181 Atlanta Way Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Contractor, Huffman Construction, Inc	\$100.00	\$200.00	
9/30/2012	Ken/Marcia Reed 239 24th Place Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired, None	\$125.00	\$125.00	
<b>SUBTOTAL \$</b>				<b>\$775.00</b>		

\*Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>July 1, 2012</u> through <u>Sept. 30, 2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>11</u> of <u>26</u>
	I.D. NUMBER <u>1344077</u>

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/29/2012	Michelle Martell 1194 Atlantic Way Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Aerospace Engineer, General Electric	\$100.00	\$100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>\$100.00</b>		

\*Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

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

Statement covers period from July 1, 2012 through Sept. 30, 2012	<b>CALIFORNIA FORM 460</b>
	Page 12 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

I.D. NUMBER

1344077

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PERELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PERELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	\$ _____	\$ _____	DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PERELECTION** \$ _____
<b>SUBTOTALS \$</b>									
								\$ 0.00	\$

**Schedule B Summary**

- (Enter (e) on Schedule E, Line 3)
- Loans received this period ..... \$ 0.00  
(Total Column (b) plus unitemized loans of less than \$100.)
  - Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
  - Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**Schedule B – Part 2  
Loan Guarantors**

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

Statement covers period from <u>July 1, 2012</u>	<b>CALIFORNIA FORM 460</b>
through <u>Sept. 30, 2012</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

I.D. NUMBER

1344077

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
<b>SUBTOTAL \$</b>					<b>0.00</b>	Enter on Summary Page, Line 17 only.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>July 1, 2012</u> through <u>Sept. 30, 2012</u>	<b>CALIFORNIA FORM 460</b>
Page <u>14</u> of <u>26</u>	I.D. NUMBER <u>1344077</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/2012	Robin Leffler 3000 Ceylon Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antique Dealer, Self-- No DBA	Literature Copies	\$73.27	\$3,304.88	
7/10/2012	Robin Leffler 3000 Ceylon Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antique Dealer, Self-- No DBA	Literature copies	\$70.23	\$3,304.88	
8/15/2012	Robin Leffler 3000 Ceylon Dr. Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Antique Dealer, Self-- No DBA	Tee Shirts for the organization	\$339.51	\$3,304.88	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 483.01**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .....	\$ 483.01
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$ 483.01</b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

Statement covers period  
from July 1, 2012  
through Sept. 30, 2012

SCHEDULED  
**CALIFORNIA FORM 460**  
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1344077

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2012	Measure V--City of Costa Mesa  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Yard Signs	\$1,670.13	\$3,147.13	
9/6/2012	Sandra Genis-City Council Member City of Costa Mesa, CA  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Yard Signs	\$595.00	\$1,781.00	
9/6/2012	Harold Weitzberg-City Council Member City of Costa Mesa, CA  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Yard Signs	\$595.00	\$1,781.00	
<b>SUBTOTAL \$</b>				<b>\$2,860.13</b>		

**Schedule D Summary**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 8,490.13
2. Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 768.29
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$ 9,258.42**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period from <u>July 1, 2012</u> through <u>Sept. 30, 2012</u>		<b>CALIFORNIA FORM 460</b>
Page <u>16</u> of <u>26</u>		
NAME OF FILER Costa Mesans 4 Responsible Government (CM4RG)		I.D. NUMBER 1344077

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/6/2012	John Stephens-City Council Member City of Costa Mesa, CA  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Yard Signs	\$595.00	\$1,781.00	
9/27/1012	Measure V---City of Costa Mesa  <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Flyer	\$491.00	\$3,147.13	
9/27/2012	Sandra Genis-City Council Member City of Costa Mesa, CA  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Flyer	\$200.00	\$1,781.00	
9/27/2012	Harold Weitzberg-City Council Member City of Costa Mesa, CA  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Flyer	\$200.00	\$1,781.00	
<b>SUBTOTAL \$</b>				<b>\$1,486.00</b>		



**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	July 1, 2012	
through	Sept. 30, 2012	Page 17 of 26
NAME OF FILER		I.D. NUMBER
Costa Mesans 4 Responsible Government (CM4RG)		1344077

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/27/2012	John Stephens-City Council Member City of Costa Mesa, CA	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Flyer	\$200.00	\$1,781.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/30/2012	Measure V---City of Costa Mesa	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Mailer	\$986.00	\$3,147.13	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
9/30/2012	Sandra Genis-City Council Member City of Costa Mesa, CA	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Mailer	\$986.00	\$1,781.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
9/30/2012	Harold Weitzberg-City Council Member City of Costa Mesa, CA	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Mailer	\$986.00	\$1,781.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>\$3,158.00</b>		

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

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

SCHEDULE D (CONT.)

Statement covers period from <u>July 1, 2012</u> through <u>Sept. 30, 2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>18</u> of <u>26</u>
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NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/30/2012	John Stephens-City Council Member City of Costa Mesa, CA	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Lit-Mailer	\$986.00	\$1,781.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>				<b>\$986.00</b>		

**Schedule E  
Payments Made**

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	July 1, 2012	Page	19 of 26
through	Sept. 30, 2012	I.D. NUMBER	1344077

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mike Harmanos 173 E. Wilson Ave. Costa Mesa, CA 92627	IND	Copies of Walk Piece. Against Measure V Supporting J.Stephens for City Council Supporting H. Weitzberg for City Council Supporting S. Genis for City Coucil	\$109.16
Sub Vendor: Office Depot 2200 Harbor Blvd. Suite D Costa Mesa, CA 92627			
COGS South 3309 S. Main St. Santa Ana, CA 92707	IND	Campaign Yard Signs Opposing Measure V	\$1,670.13

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** \$1,779.29

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	\$9,159.61
2. Unitemized payments made this period of under \$100	\$	\$424.32
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	\$9583.93

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	July 1, 2012	
through	Sept. 30, 2012	Page 20 of 26
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JT Printing 12771 Western Ave. Suite H Garden Grove, CA 92841	IND	Lit -- Opposed to Measure V Supporting S. Genis, J. Stephens, H. Weitzberg for City Council.	\$245.00
COGS South Signs 3309 S. Main St Santa Ana, CA 92707	IND	Yard Signs Supporting S.Genis, J. Stephens, H. Weitzberg for City Council	\$1,783.26
JT Printing 12771 Western Ave. Suite H Garden Grove, CA 92841	IND	Lit -- Opposed to Measure V Supporting S. Genis, J. Stephens, H. Weitzberg for City Council.	\$100.00
California Premier Printing 2173 Salk Ave, Suite 250 Carlsbad, CA 92008	IND	Lit--Opposed to Measure V Supporting S. Genis, J. Stephens, H. Weitzberg for City Council.	\$1,283.30
Mailing Pros Inc 5261 Business Dr. Huntington Beach, CA 92649	IND	Lit--Opposed to Measure V Supporting S. Genis, J. Stephens, H. Weitzberg for City Council.	\$2,661.95

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 6073.51**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	July 1, 2012	
through	Sept. 30, 2012	Page 21 of 26
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JT Printing 12771 Western Ave. Suite H Garden Grove, CA 92841	IND	Lit Lit -- Opposed to Measure V Supporting S. Genis, J. Stephens, H. Weltzberg for City Council.	\$1,200.00
Pay Pal 2211 N. 1st St. San Jose, CA 95131	CMP		\$106.81

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,306.81**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

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**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS \$ 0.00 \$**

**Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	<b>INCURRED TOTALS \$</b>	0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	<b>PAID TOTALS \$</b>	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	<b>NET \$</b>	0.00

May be a negative number



**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

SCHEDULE G

Statement covers period from <u>July 1, 2012</u>	<b>CALIFORNIA FORM 460</b>
through <u>Sept. 30, 2012</u>	
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |                                                                   |                                               |                                                               |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                          | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                               | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events                                            | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                                 | PRO professional services (legal, accounting) | VOT voter registration                                        |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\* \$ \$0.00**

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.



**Schedule H  
Loans Made to Others\***

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

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____% RATE	\$ _____	\$ _____
		<b>SUBTOTALS</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00			

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on Schedule I, Line 3)

**Schedule H Summary**

1. Loans made this period ..... (Total Column (b) plus unitemized loans of less than \$100.)	\$ 0.00
2. Payments received on loans ..... (Total Column (c) plus unitemized payments of less than \$100.)	\$ 0.00
3. Net change this period. (Subtract Line 2 from Line 1.) ..... (Enter the net here and on the Summary Page, Column A, Line 7.)	<b>NET \$ 0.00</b> <small>(May be a negative number)</small>

**\*\*If Required**

**Schedule I  
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period  
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$	0.00
2. Unitemized increases to cash of under \$100 this period. ....	\$	0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....	\$	0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$</b>	<b>0.00</b>