| Supplemental Independent<br>Expenditure Report<br>(Government Code Section 84203.5) |  | al Independent                      | Type or print in ink. Amounts may be rounded to whole dollars. |  | SUPPLEMENTAL INDEPENDENT EXPENDITUR                   |   |  |             |  |         |        |  |
|---|--|-------------------------------------|--|--|---|---|--|-------------|--|---------|--------|--|
|   |  | Report                              |  |  | Report covers period  July 1, 2012  from              |   | Dajesiampy   | CL          | CALIFORN<br>FORM   | IIA 🗸   | 165    |  |
| SEE INSTRUCTIONS ON REVERSE   |  |                                     | Amendment (Explain Below)                                      |  | Sept. 30, 2012  |   | 2012 OCT   | PM 3: 41    | of   | 3       |        |  |
|   |  |                                     |  |  | Date of election if applicable:<br>(Month, Day, Year) |   | CITY OF COSTA MESA   |             | A MESAOffic  |         |        |  |
|   |  |                                     |  |  | Nov. 6, 20  | 12  | BY   |             | and the second section of the second section of  |         |        |  |
| 1.  | Committee  | /Filer Information                  | I.D. NUMBER (If recipient committee 1344077                    | 9)                                     | Treasurer (   | If recipient committee  | e)   |             |  |         |        |  |
|   | COMMITTEE/FILEF                                    |                                     |  |  | NAME OF TREASU  | RER   |  |             |  |         |        |  |
|   | Costa Mesan  | s 4 Responsible Government          | (CM4RG)  |  | John Humphrey   |   |  |             |  |         |        |  |
|   |  |                                     |  |  | MAILING ADDRESS                                       |   |  |             |  |         |        |  |
|   | STREET ADDRESS (NO P.O. BOX)  1620 Sandalwood St.  |                                     |  |  | 1620 Sandalwood St.                                   |   |  |             |  |         |        |  |
|   | CITY STATE ZIP CODE AREA CODE/PHONE                |                                     |  | ONE                                    | . CITY STATE ZIP CODE AREA CODE/PHOI                  |   |  |             |  |         |        |  |
|   | Costa Mesa CA 92626 714-751-6552                   |                                     |  |  | Costa Mesa CA 92626 714-751-6552                      |   |  |             |  |         |        |  |
|   | OPTIONAL: FAX/E                                    | E-MAIL ADDRESS                      |  | OPTIONAL: FAX/E-MAIL ADDRESS           |   |   |  |             |  |         |        |  |
|   |  |                                     |  |  |   |   |  |             |  |         |        |  |
| 2.  | Name of Ca   | andidate or Measure Su              | pported or Opposed   |  |   | ankalitika inti un beny tenduntan man'inti untani kryto api inginy y atalika ma casa vara ini unua. | MTM OF CITY OF THE OTHER PARTY AS PROTECTED AND THE MEMORY AND CONTENT AND | CHARLESTAN  | ERACUS PORTUGUES (ERACUS PARTICIPATOR PARTIC | OUEC    | CK ONE |  |
|   | NAME OF CANDIDA                                    |                                     | .pportod or oppood   |  | OFFICE SOUGHT OR HEL                                  | D AND DISTRICT, IF  | APPLICABLE   | <del></del> |  | SUPPORT |        |  |
|   |  |                                     |  |  |   |   |  |             |  |         |        |  |
| NAME OF BALLOT MEASURE  |  | MEASURE                             |  |  | BALLOT NO./LETTER                                     | JURISDICTION  |  |             |  | SUPPORT | OPPOSE |  |
|   | Costa Mesa Charter Measure                         |                                     |  | V City of Cost                         |   | City of Costa   | a Mesa   |             |  |         | X      |  |
| 3.  | Independe  | nt Expenditures Made A              | ttach additional information on app                            | ropriately                             | labeled continuation shee                             | ts.   |  |             | CUMULATI   | /F TO D | ATC    |  |
|   | DATE NAME AND ADDRESS OF PAYEE                     |                                     |  | 1                                      | DESCRIPTION OF EXPE                                   | AMOUNT CALE   |  |             | NDAR YEAR  |         |        |  |
|   |  |                                     |  |  |   |   | 1  |             | (JAN. 1 -  | DEC. 31 | )      |  |
|   | 8/22/2012  | COGS South Signs<br>3309 S. Main St |  | Yard S                                 | Signs   |   | \$1,670.1  | 3           | \$3,1  | 47.13   |        |  |
|   | Santa Ana, CA 92707                                |                                     |  |  |   |   |  |             |  |         |        |  |
|   |  |                                     |  |  |   |   |  | -           |  |         |        |  |
|   | 9/27/2012 JT Printing<br>12771 Western Ave Suite H |                                     |  | Flyer for distribution                 |   |   | \$491.000 \$3,   |             | \$3,1  | 47.13   |        |  |
|   |  | Garden Grove, CA 92841              | ı  |  |   |   |  |             |  |         |        |  |
|   |  |                                     |  |  |   |   | -  | -           |  |         |        |  |
| 9/30/2012 California Premier Printing 2173 Salk Ave. Suite 250                      |  |                                     | Printin  | Printing of Mailer \$320.82 \$3,147.13 |   |   |  |             |  |         |        |  |
|   |  | Carlsbad, CA 92008                  |  |  |   |   |  |             |  |         |        |  |

| 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  July 1, 2012 from           |                    | Date Stamp                          | california 465 |                |       |  |  |  |
|   |  |  | Amendment (Explain Below)                                      | elow)           | Sept. 30, 2012                                    |                    |                                     | Page2          | of             | 3     |  |  |  |
|   |  |  |  |                 | Date of election if a<br>(Month, Day, Y           |                    |                                     | For Office     | cial Use On    | lý    |  |  |  |
|   |  |  |  |                 | Nov. 6, 20 <sup>-</sup>                           |                    |                                     |                |                |       |  |  |  |
| 1.  | Committee  | /Filer Information                               | 1.D. NUMBER (If recipient committee)<br>1344077                |                 | Treasurer (                                       | f recipient commit | tee)                                | <u></u>        |                |       |  |  |  |
| •   | COMMITTEE/FILER'S NAME   |  |  |                 | NAME OF TREASURER                                 |                    |                                     |                |                |       |  |  |  |
|   | Costa Mesans 4 Responsible Government (CM4RG)                                |  |  |                 | John Humphrey                                     |                    |                                     |                |                |       |  |  |  |
|   |  |  |  |                 | MAILING ADDRESS                                   |                    |                                     |                |                |       |  |  |  |
|   | STREET ADDRESS (NO P.O. BOX)   |  |  |                 | 1620 Sandalv                                      | ood St.            |                                     |                |                |       |  |  |  |
|   | 1620 Sandalwood St.  CITY STATE ZIP CODE AREA CODE/PHONE                     |  |  | NF.             | CITY STATE ZIP CODE AREA CO                       |                    |                                     |                |                |       |  |  |  |
|   | Costa Mesa CA 92626 714-751-6552   |  |  |                 | Costa Mesa CA 92626 714-751-6552                  |                    |                                     |                |                |       |  |  |  |
|   | OPTIONAL: FAX/E  | -MAIL ADDRESS                                    | · · · · · · · · · · · · · · · · · · ·                          |                 | OPTIONAL: FAX/E                                   | -MAIL ADDRESS      |                                     |                |                |       |  |  |  |
| _   | N  | - didata or Manager C                            | unastad or Opposed   |                 |   |                    |                                     |                | ouro           | V ONE |  |  |  |
| ٤.  | Name of Candida  | ame of Candidate or Measure Supported or Opposed |  |                 | OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE |                    |                                     |                | SUPPORT OPPOSE |       |  |  |  |
|   | NAME OF CANDIDA  | 115  |  |                 |   | ·                  |                                     |                |                |       |  |  |  |
| NAME OF BALLOT MEASURE  Costa Mesa Charter Measure  |  | IEASURE  |  |                 | BALLOT NOJLETTER                                  | JURISDICTION       |                                     |                | SUPPORT        | 1 1   |  |  |  |
|   |  |  |  | V               | City of Cos                                       | ta Mesa            |                                     |                | ×              |       |  |  |  |
| 3.  | Independer   | nt Expenditures Made                             | Attach additional information on appro                         | opriately l     | abeled continuation shee                          | ts.                |                                     |                | TIVE TO DA     |       |  |  |  |
|   | DATE   | DATE NAME AND ADDRESS OF PAYEE                   |  |                 | DESCRIPTION OF EXPE                               | AMOUNT             | CALENDAR YEAR<br>(JAN. 1 - DEC. 31) |                |                |       |  |  |  |
|   | 9/30/2012 Mailing Pros Inc<br>5261 Business Dr<br>Huntington Beach, CA 92649 |  |  | Postage, Mailer |   | \$665.49           | \$3147.13                           |                |                |       |  |  |  |
|   |  |  |  |                 |   |                    |                                     |                |                |       |  |  |  |
|   | •  |  |  |                 |   |                    |                                     | e.             |                |       |  |  |  |
|   |  |  |  |                 |   |                    |                                     |                |                |       |  |  |  |
|   |  |  |  |                 |   |                    |                                     |                |                |       |  |  |  |
|   |  |  |  |                 |   |                    |                                     |                |                |       |  |  |  |
|   |  |  |  |                 |   |                    | i                                   | 1              |                |       |  |  |  |

| Supplemental Independent   |  | Type or print in ink.                   |                           | SUPPLEMENTAL INDEPENDENT EXPENDITURE      |                 |                       |  |
|--|--|---|---------------------------|---|-----------------|-----------------------|--|
| Expenditure Report   | Amounts may be rounded<br>to whole dollars.                        |   | e rounded                 | Report covers period                      | CALIFORNIA 465  |                       |  |
|  |  |   | Alto VI                   | fromJuly 1, 2012                          | FOF             | RM TOO                |  |
| SEE INSTRUCTIONS ON REVERSE  |  |   |                           | throughSept. 30, 2012                     | 3 3<br>Page of3 |                       |  |
| NAME OF FILER  |  |   |                           |   | I.D. NUMBE      | R (If recipient com.) |  |
| Costa Mesans 4 Responsible Government (CM4R  | (G)  |   |                           |   | 134407          | 7                     |  |
| 4. Summary   |  |   |                           |   |                 |                       |  |
| <ol> <li>Total independent expenditures of \$100 or more</li> </ol>  | re made this   | s period. (Part 3.).                    |                           | ***************************************   | \$              | \$3,147.13            |  |
| 2. Total independent expenditures under \$100 ma   | pendent expenditures under \$100 made this period. (Not itemized.) |   |                           |   |                 | \$468.20              |  |
| 3. Total independent expenditures made this per  |  |   |                           |   |                 | \$3,615.42            |  |
|  | · <u></u>  |   |                           |   |                 |                       |  |
| 5. Filing Officers Enter the name and address of   | each filing o  | fficer with whom the                    | filer's most recent camp  | aign statements (Form 450, 460 or 40      | 31) have be     | en filed.             |  |
| 1) NAME OF FILING OFFICER  |  | · · · · · · · · · · · · · · · · · · ·   | 3) NAME OF FILING         | OFFICER                                   |                 |                       |  |
| Brenda Green, City Clerk-City of Costa Mesa  |  |   |                           |   |                 |                       |  |
| ADDRESS (NO. AND STREET)   |  |   | ADDRESS                   | (NO. AND STREET)                          |                 |                       |  |
| 77 Fair Dr.  |  |   |                           |   |                 |                       |  |
| CITY Costa Mesa  | STATE<br>CA  | ZIP CODE<br>92627                       | CITY                      |   | STATE           | ZIP CODE              |  |
| 2) NAME OF FILING OFFICER  |  | 92027                                   | 4) NAME OF FILING         | OFFICED                                   |                 |                       |  |
| -,,,,,,,,,,  |  |   | 4) NAME OF FILING         | DI FIGER                                  |                 |                       |  |
| ADDRESS (NO. AND STREET)   |  |   | ADDRESS                   | (NO. AND STREET)                          |                 |                       |  |
| CITY   |  |   |                           |   |                 |                       |  |
| CHY  | STATE  | ZIP CODE                                | CITY                      |   | STATE           | ZIP CODE              |  |
| S. Verification  |  | , |                           | Way day                                   |                 | ·                     |  |
|  | ı  |   |                           |   |                 |                       |  |
| I have used all reasonable diligence in preparing and re-<br>penalty of perjury under the laws of the State of Californi | viewing this s<br>la that the for                                  |   |                           | in is true an                             | d complete.     | . I certify under     |  |
| perions of porjety areas the laws of the character of amorra   | ia triat the for   |   |                           |   |                 |                       |  |
| 1/15/3019-   |  |   |                           |   |                 |                       |  |
| Executed on  | Ву   |   |                           | RER                                       |                 |                       |  |
| Executed on  | Ву   |   |                           |   |                 | _                     |  |
| DATE   |  |   |                           | RESPONSIBLE                               | OFFICER OF S    | SPONSOR               |  |
| Executed on  | Ву   |   | THE OF CONTROLLING OFFICE | HOLDER CANDIDATE STATE MEASURE PRODUCTION | TAIT            | <del></del>           |  |

Executed on \_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT