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. Amendment (Explain Below)		Report covers p	1	Date Stamp CLE	CALIFORN FORM		NDITURE		
				Date of election if applicable:			FURIM				
						2012 OCT 25 PN 3:P44 1 of_			3		
						CITY OF COSTA MESA		ial Use Onl	ly		
				Nov. 6, 201	2 8	IY	LJA				
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee 1344077	:)	Treasurer (#	recipient committee)		disconnective accessors accessors accessors and accessors accessor	AND THE PARTY OF T			
COMMITTEE/FILER	'S NAME			NAME OF TREASUR	RER		nggaran an mananangga ka fasak faran at italah di ngkapangan kalan di natika da italah salah salah salah salah				
Costa Mesan	s 4 Responsible Government	(CM4RG)		John V. Humphrey							
				MAILING ADDRESS							
STREET ADDRESS (NO P.O. BOX) 1620 Sandalwood St.				1620 Sandalwood St.							
CITY		ID CODE AREA CODE/DU	ONE	CITY STATE ZIP CODE AREA C				A CODE/PH	HONE		
CITY STATE ZIP CODE AREA CODE/PHONE Costa Mesa CA 92626 714-751-6552				Costa Mesa CA 92626 714-751-6					52		
OPTIONAL: FAX/E	E-MAIL ADDRESS			OPTIONAL: FAX/E	-MAIL ADDRESS						
2. Name of Ca	andidate or Measure Su	pported or Opposed	MILES A ANTONIOS E VIZINA DO CONTRATORO DE	akki dagaa kenaga yake nasawa akki masa Price Shi Red danda Henrich (1966) danda Princi Kata Sasa Ar	papaga umore a da coma agrada con futba di las i da e a da en en en en en en el da de da de con con el de de d	arrayse for each given all the groups to be complicated and the first monotonic and the complex complex and the complex comple	V 100000 V 100000 V 100000 V 100000 V 100000 V 100000 V 1000000 V 100000 V 100000 V 100000 V 100000 V 100000 V	CHEC	KONE		
NAME OF CANDIDA	ΤE			OFFICE SOUGHT OR HEL	D AND DISTRICT, IF AI	PPLICABLE		SUPPORT	OPPOSE		
NAME OF BALLOT MEASURE				BALLOT NO./LETTER	JURISDICTION	CTION SUPPOR			OPPOSE		
Costa Mesa Charter Measure				V City of Costa Mesa				X			
3. Independe	nt Expenditures Made A	ttach additional information on app	ropriately	labeled continuation shee	ts.		CUMULAT	IVE TO D/	ATE		
DATE	NAME AND ADDRESS OF PAYEE			DESCRIPTION OF EXPE	AMOUNT	CALENDAR YEAR (JAN. 1 - DEC. 31)					
10/9/2012	California Premier Printing 2173 Salk Ave. Suite 250 Carlsbad, CA 92008		Lit - Flyer			\$1,151.59	\$8,229.30				
10/9/2012	Vista Print 95 Hayden Ave Lexington, MA 02421				\$132.85	\$8,229.30					
10/16/2012	COGS South Signs 3309 S. Main St Santa Ana, CA 92707		Yard 9	Signs		\$802.73	\$8,2	229.30			

Supplemental Independent Expenditure Report Government Code Section 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.		Report covers period Oct. 1, 2012 from Oct. 20, 2012 through Date of election if applicable: (Month, Day, Year)		SUPPLEMENT Date Stamp	CALIFORNIA 465			
EE INSTRUCTIONS ON REVERSE		Amendment (Explain Below)					Page2	of	3	
							For Official Use Only		ly	
				Nov. 6, 20	2					
. Committee	/Filer Information	I.D. NUMBER (If recipient committee))	Treasurer (recipient committe	e)	<u> </u>			
COMMITTEE/FILER	'S NAME			NAME OF TREASUR	RER	•				
Costa Mesan	s 4 Responsible Government	(CM4RG)		John V. Hump	hrey					
				MAILING ADDRESS						
STREET ADDRESS				1620 Sandaiw	ood St.					
		-		CITY	AREA CODE/PHONE					
CITY STATE ZIP CODE AREA CODE/PHONE Costa Mesa CA 92626 714-751-6552				Costa Mesa CA 92626				714-751-6552		
OPTIONAL: FAX/E		711701000	-	OPTIONAL: FAX/E	-MAIL ADDRESS					
01 110101111111111111111111111111111111										
. Name of Ca	andidate or Measure Su	pported or Opposed				· · · · · · · · · · · · · · · · · · ·		CHEC	K ONE	
NAME OF CANDIDA	ΥE			OFFICE SOUGHT OR HEL	D AND DISTRICT, IF	APPLICABLE		SUPPORT	OPPOSE	
NAME OF BALLOT MEASURE				BALLOT NO./LETTER	JURISDICTION	TION SUPP			OPPOSE	
Costa Mesa Charter Measure				V	City of Costa	costa Mesa			×	
. Independe	nt Expenditures Made A	Attach additional information on appr	ropriately	labeled continuation shee	fs.		CUMULAT	TIVE TO DA	ATE	
DATE	NAME AND ADD	RESS OF PAYEE		DESCRIPTION OF EXPE	NDITURE	AMOUNT		IDAR YEAR - DEC. 31		
10/19/2012	XPRESS Printing 1900 B E. Warner Ave Santa Ana, CA 92705		Lit - F	lyer	\$1,190.00	\$8,229.30				
Mail Pros, Inc 5261 Business Dr. Huntington Beach, CA 92649		Mailin	g flyer	\$1,750.00	\$8,	\$8,229.30				
·								,		

Supplemental Independent	Type or print in ink.			SUPPLEMENTAL INDEPENDENT EXPENDITURE					
Expenditure Report	Amounts may be rounded to whole dollars.			Rep	ort covers period	CALIFORNIA 465			
		to whole dollars.		from	Oct. 1, 2012	FO	RM TOO		
EE INSTRUCTIONS ON REVERSE				through	Oct. 20, 2012	Page	3 of		
AME OF FILER				· · · · · · · · · · · · · · · · · · ·		i	R (If recipient com.)		
Costa Mesans 4 Responsible Government (CM4RG))					134407	7		
I. Summary							•		
1. Total independent expenditures of \$100 or more r	made this p	eriod. (Part 3.)				. \$	\$5,027.17		
2. Total independent expenditures under \$100 made	e this period	i. (Not itemized.)				. \$	\$55.00		
Total independent expenditures made this period (Add Lines 1 + 2.)							\$5,082.17		
i. Filing Officers Enter the name and address of ea	ach filing offic	cer with whom the filer	's most recent campai	gn statemen	nts (Form 450, 460 or 46	1) have be	een filed.		
1) NAME OF FILING OFFICER			3) NAME OF FILING OF	FICER					
Brenda Green City Clerk, City of Costa Mesa									
ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
77 Fair Drive									
		ZIP CODE	CITY			STATE	ZIP CODE		
2) NAME OF FILING OFFICER	CA 9	2627	4) NAME OF FILING OF	TIOTE					
2) WHILE OF FIELING OF FIGURE			4) NAME OF FILING OF	FIGER					
ADDRESS (NO. AND STREET)	· · · · · · · · · · · · · · · · · · ·		ADDRESS		(NO. AND STREET)				
CITY	STATE Z	ZIP CODE	CITY			STATE	ZIP CODE		
Verification I have used all reasonable diligence in preparing and revie	owing this etc	ptamont and to the hact	of muknowledge the in	formation ac	antained barein is true an	d complete	loo-tibundor		
penalty of perjury under the laws of the State of California t						a complete	s. reering under		
Executed on	Ву _								
Executed on	By _ si	IGNATU				OFFICER OF	SPONSOR		
Executed on	By _	SIGNATURE	OF CONTROLLING OFFICEHO	OLDER, CANDID	ATE, STATE MEASURE PROPONI	ENT			

Executed on ___

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT