

Supplemental Independent Expenditure Report

RECEIVED
CITY CLERK
SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment

Report covers period
from 01/01/2012
through 10/20/2012
Date of Election if applicable
(Month, Day, Year)
11/06/2012

Date Stamp
2012 OCT 26 PM 2:00
CITY OF COSTA MESA
BY _____

CALIFORNIA FORM 465
Page 1 of 3
For Official Use Only

1. Committee/Filer Information

I.D. Number 1282257

COMMITTEE NAME
ASSOC BUILDERS & CONTRACTORS OF SOCAL (ABC SO-CAL PAC)

STREET ADDRESS (NO PO BOX)
1400 N Kellogg Dr Ste A

CITY STATE ZIP CODE AREA CODE/PHONE
Anaheim CA 92807 779-3199

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
C. April Boling

STREET ADDRESS
7185 Navajo Rd Ste P

CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92119 619/713-6888

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	SUPPORT	OPPOSE
NAME OF BALLOT MEASURE Proposed Costa Mesa Charter	BALLOT NO/LETTER V JURISDICTION Costa Mesa	SUPPORT X	OPPOSE

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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COMMITTEE NAME Assoc Builders & Contractors of SoCal (ABC So-Cal PAC)

I.D. NUMBER
1282257

3. Independent Expenditures Made

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)
10/11/2012	Bieber Communications 3609 W MacArthur Blvd Ste 812 Santa Ana, CA 92704		1,013.80	1,013.80

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COMMITTEE NAME Assoc Builders & Contractors of SoCal (ABC So-Cal PAC)	I.D. NUMBER 1282257
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3)	\$	1,013.80
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period. (Add Lines 1 and 2.)	TOTAL \$	1,013.80

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
Secretary of State Political Reform Division

ADDRESS (NO. & STREET)
1500 11th Street Room 495

CITY STATE ZIP CODE
Sacramento CA 95814

3) NAME OF FILING OFFICER

ADDRESS (NO. & STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. & STREET)

CITY STATE ZIP CODE


4) NAME OF FILING OFFICER

ADDRESS (NO. & 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 10/23/12 By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT