

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

Amendment (Explain Below)

Report covers period
from Oct. 21, 2012
through Dec. 31, 2012
Date of election if applicable:
(Month, Day, Year)
Nov. 6, 2012

RECEIVED
CITY CLERK
13 JAN 31 PM 1:54
CITY OF COSTA MESA
BY

CALIFORNIA FORM **465**

Page 1 of 4

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1344077

Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

Costa Mesans 4 Responsible Government (CM4RG)

NAME OF TREASURER

John V. Humphrey

STREET ADDRESS (NO P.O. BOX)

1620 Sandalwood St.

MAILING ADDRESS

1620 Sandalwood St.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|---------------------|
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|---------------------|
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Harold Weitzberg

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member -- City of 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) |
|------------|---|----------------------------|----------|---|
| 10/22/2012 | LA Times 202 W. First St. Los Angeles, CA 90012 | Print Ad | \$604.00 | \$7,762.00 |
| 10/26/2004 | LA Times 202 W. First St. Los Angeles, CA 90012 | Print Ad | \$100.00 | \$7,762.00 |
| 10/27/2012 | Mailing Pros Inc. 5261 Business Dr Huntington Beach, CA 92649 | Lit-Mailer | \$110.06 | \$7,762.00 |

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

Amendment (Explain Below)

Report covers period
from Oct. 21, 2012
through Dec. 31, 2012
Date of election if applicable:
(Month, Day, Year)
Nov. 6, 2012

Date Stamp

CALIFORNIA FORM 465
Page 2 of 4
For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1344077

Treasurer (if recipient committee)

NAME OF TREASURER

John V. Humphrey

MAILING ADDRESS

1620 Sandalwood St.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|---------------------|
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE/FILER'S NAME

Costa Mesans 4 Responsible Government (CM4RG)

STREET ADDRESS (NO P.O. BOX)

1620 Sandalwood St.

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|---------------------|
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Harold Weitzberg

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member – City of 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.

| DATE | NAME AND ADDRESS OF PAYEE | DESCRIPTION OF EXPENDITURE | AMOUNT | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) |
|------------|---|----------------------------|----------|---|
| 10/28/2012 | Xpress Printing 1900-B East Warner Ave. Santa Ana, CA 92705 | Printing Lit | \$531.67 | \$7,762.00 |
| 10/30/2012 | Mailing Pros 5261 Business Dr Huntington Beach, CA 92649 | Lit-Mailer | \$749.24 | \$7,762.00 |
| 10/30/2012 | R & D Graphics 33655 Seawind Court Dana Point, CA 92629 | Lit | \$244.44 | \$7,762.00 |

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 from <u>Oct. 21, 2012</u> through <u>Dec. 31, 2012</u> | Date Stamp | CALIFORNIA FORM 465 Page <u>3</u> of <u>4</u> For Official Use Only |
| Date of election if applicable: (Month, Day, Year) <u>Nov. 6, 2012</u> | | |

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1344077

COMMITTEE/FILER'S NAME

Costa Mesans 4 Responsible Government (CM4RG)

STREET ADDRESS (NO P.O. BOX)

1620 Sandalwood St.

| | | | |
|-------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (if recipient committee)

NAME OF TREASURER

John V. Humphrey

MAILING ADDRESS

1620 Sandalwood St.

| | | | |
|-------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714-751-6552</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Harold Weitzberg

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member--City of 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.

| DATE | NAME AND ADDRESS OF PAYEE | DESCRIPTION OF EXPENDITURE | AMOUNT | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) |
|------------|--|----------------------------|----------|---|
| 10/31/2012 | Mailing Pros 5261 Business Dr Huntington Beach, CA 92649 | Lit--, Mailer | \$962.32 | \$7,762.00 |
| | | | | |
| | | | | |

Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | |
|---|----------------------------|
| Report covers period from <u>Oct. 21, 2012</u> through <u>Dec. 31, 2012</u> | CALIFORNIA FORM 465 |
| | Page <u>4</u> of <u>4</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesans 4 Responsible Government (CM4RG)

I.D. NUMBER (If recipient com.)
1344077

4. Summary

| | | |
|---|-----------------|-------------------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.) | \$ | <u>\$3,301.73</u> |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ | <u>\$30.96</u> |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ | <u>\$3,332.69</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
Brenda Green City Clerk, City of Costa Mesa

ADDRESS (NO. AND STREET)
77 Fair Drive

CITY STATE ZIP CODE
Costa Mesa CA 92627

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

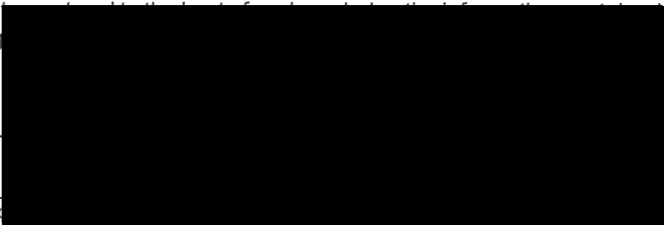
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and 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 information is true and complete.

Executed on 1/31/2013
DATE

By  TREASURER

Executed on _____
DATE

By _____ SECRETARY, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

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

Executed on _____
DATE

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