

# 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>1/1/04</u> through <u>9/30/04</u>	Date Stamp <u>2004 OCT 12 12:00:00</u>	<b>CALIFORNIA FORM 465</b>
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>		
<input type="checkbox"/> <b>Amendment</b> (Explain Below)		Page <u>1</u> of <u>2</u>
		For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1248891

COMMITTEE/FILER'S NAME  
Taxpayers For a Better Dana Point

STREET ADDRESS (NO P.O. BOX)  
24843 Del Prado Suite 236

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Dana Point</u>	<u>CA</u>	<u>92629</u>	<u>949-933-5411</u>

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER  
Mike Winterhalter

MAILING ADDRESS  
234 Monarch Bay

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Dana Point</u>	<u>CA</u>	<u>92629</u>	<u>949-933-5411</u>

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE <u>Joe Snyder</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Dana Point City Council</u>	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>
			OPPOSE <input type="checkbox"/>

## 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)
<u>9/15/04</u>	<u>Bieber Communications 3605 W. MacArthur Blvd. Suite 712 Santa Ana CA 92704</u>	<u>campaign mailer</u>	<u>3181.50</u>	<u>3181.50</u>
<u>9/29/04</u>	<u>Bieber Communications 3605 W. MacArthur Blvd. Suite 712 Santa Ana CA 92704</u>	<u>campaign mailer</u>	<u>2800.00</u>	<u>5981.50</u>

# Supplemental Independent Expenditure Report

Type or print in ink.  
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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM <b>465</b>
from	7/1/04	
through	9/30/04	Page _____ of _____
NAME OF FILER		I.D. NUMBER (if recipient com.)
Taxpayers For a Better Dana Point		1248891

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

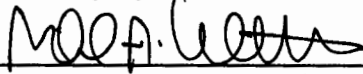
1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	5981.50
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b>	\$ 5981.50

## 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.*

<p>1) NAME OF FILING OFFICER Sharon Street, City Clerk</p> <p>ADDRESS (NO. AND STREET) 33282 Golden Lantern</p> <p>CITY STATE ZIP CODE Dana Point CA 92629</p>	<p>3) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>
<p>2) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>	<p>4) NAME OF FILING OFFICER</p> <p>ADDRESS (NO. AND STREET)</p> <p>CITY STATE ZIP CODE</p>

## 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 <u>10/12/2004</u> DATE	By <u></u> SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ DATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, 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