

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>7/1/04</u> through <u>12/31/04</u>	Date Stamp RECEIVED JAN 31 2005	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) <u>11/2/04</u>	Page <u>1</u> of <u>3</u>	
		For Official Use Only <i>POSTMARKED</i> <i>1-31-05</i>

Amendment (Explain Below)

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 Ste 236

CITY

Dana Point

STATE

CA

ZIP CODE

92629

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Mike Winterhalter

MAILING ADDRESS

234 Monarch Bay

CITY

Dana Point

STATE

CA

ZIP CODE

92629

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Joe Snyder

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

Dana Point City Council

CHECK ONE

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)
<u>9/15-10/22</u>	<u>Bieber Communications 3605 W. MacArthur Blvd. Ste 712 Santa Ana CA 92704</u>	<u>Literature</u>	<u>8,699.50</u>	<u>8699.50</u>
<u>10/27</u>	<u>DMH & Associates</u>	<u>Literature</u>	<u>13060.00</u>	<u>21,759.50</u>
<u>9/14-10/4</u>	<u>US Postmaster</u>	<u>BRM</u>	<u>262.50</u>	<u>22,022.00</u>

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Date Stamp

CALIFORNIA FORM 465

Page 2 of 3

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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 Ste 236

CITY STATE ZIP CODE AREA CODE/PHONE
Dana Point CA 92629

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
Dana Point CA 92629

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Joe Snyder</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Dana Point City Council</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE
			<input checked="" type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <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)
9/29	The Greensburgh Group Inc 245 Fischer Ave C-3 Costa Mesa CA 92626	Literature	83.34	22105.34

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	7/1/04	
through	12/31/04	Page <u>3</u> of <u>3</u>
NAME OF FILER Taxpayers for a Better Dana Point		I.D. NUMBER (If recipient com.) 1248891

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	22,105.33
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	111.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	22,216.33

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
Cathy Catlett, Asst. City Clerk

ADDRESS (NO. AND STREET)

33282 Golden Lantern

CITY STATE ZIP CODE

Dana Point CA 92629

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 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 _____
DATE

By 
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