

# 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 7/1/04  
through 12/31/04  
Date of election if applicable:  
(Month, Day, Year)  
11/2/04

Date Stamp  
NOV 11 2004

**CALIFORNIA FORM 465**  
Page 1 of 3  
For Official Use Only

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Clean Beaches Coalition

STREET ADDRESS (NO P.O. BOX)

24843 Del Prado Ste 262

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Dana Point	CA	92629	(949)489-0502

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)  
1226179

## Treasurer (If recipient committee)

NAME OF TREASURER

Everett David Busk

MAILING ADDRESS

PO Box 3660

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Dana Point	CA	92629	(949)489-0502

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	CHECK ONE	
		SUPPORT	OPPOSE
April O'Connor	Dana Point City Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
9/15-10/25	Bieber Communications 3605 W. MacArthur Blvd Ste 712 Santa Ana CA 92704	Literature	8523.13	
9/29	The Greensburgh Group Inc 245 Fischer Ave C-3 Costa Mesa CA 92626	mailing list	134.31	
9/10-10/4	US Postmaster	business reply mail	337.50	

**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

<b>Report covers period</b> from <u>7/1/04</u> through <u>12/31/04</u>	Date Stamp	<b>CALIFORNIA FORM 465</b> Page <u>2</u> of <u>3</u> For Official Use Only
<b>Date of election if applicable:</b> (Month, Day, Year) <u>11/2/04</u>		

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)  
**1226179**

COMMITTEE/FILER'S NAME  
Clean Beaches Coalition

STREET ADDRESS (NO P.O. BOX)  
24843 Del Prado Ste 262

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Dana Point	CA	92629	(949)489-0502

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer** (If recipient committee)

NAME OF TREASURER  
Everett David Busk

MAILING ADDRESS  
PO Box 3660

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Dana Point	CA	92629	(949)489-0502

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE April O'Connor	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Dana Point City Council	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.

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)
10/21	TTT Marketing 9501 Jeronimo Rd Ste 120 Irvine CA 92618	Literature	1462.65	
10/21	Walking Man Inc 801 E. 6th St Los Angeles CA 90021	delivery	375.00	

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>7/1/04</u> through <u>12/31/04</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>3</u> of <u>3</u>
	I.D. NUMBER (If recipient com.) 1226179

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Clean Beaches Coalition

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	10,832.59
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	128.75
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	10,961.34

## 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

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 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