

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

ELECTRONICALLY FILED

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

CA 1079847

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

<b>Report covers period</b> from <u>10/17/2004</u> through <u>12/31/2004</u>		Date Stamp _____ _____	<b>CALIFORNIA FORM 465</b> Page <u>1</u> of <u>3</u> For Official Use Only <i>Postmarked 1-31-05 JK</i>
<b>Date of election if applicable:</b> (Month, Day, Year) _____			

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
902368

## Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME  
California Republican Assembly Independent Expenditure Committee

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STREET ADDRESS (NO P.O. BOX)  
14311 Riviera Drive

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CITY STATE ZIP CODE AREA CODE/PHONE  
Huntington Beach CA, 92647 714 892-777

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OPTIONAL: FAX/E-MAIL ADDRESS

NAME OF TREASURER  
John Fugatt

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MAILING ADDRESS  
14311 Riviera Drive

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CITY STATE ZIP CODE AREA CODE/PHONE  
Huntington Beach CA, 92647

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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 City Council Member City of Dana Point	CHECK ONE	
		SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

## 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)
10/18/2004	DMH & Associates 17595 Harvard Suite C-138 Irvine, CA 92614	Mailer	6,668.63	6,668.63

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to whole dollars.

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Report covers period from <u>10/17/2004</u> through <u>12/31/2004</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>3</u>
I.D. NUMBER (if recipient com.) 902368	

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NAME OF FILER  
California Republican Assembly Independent Expenditure Committee

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ <u>6,668.63</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b> \$ <u>6,668.63</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  
Los Angeles County

ADDRESS (NO. AND STREET)  
Campaign Reporting Unit  
12400 Imperial Highway  
CITY STATE ZIP CODE  
Norwalk, CA 90650

2) NAME OF FILING OFFICER  
Registrar of Voters

ADDRESS (NO. AND STREET)  
County of San Francisco  
1 Dr. Carlton B. Goodlett Pl., Room 48  
CITY STATE ZIP CODE  
San Francisco, CA 94102

3) NAME OF FILING OFFICER  
Orange County

ADDRESS (NO. AND STREET)  
Registrar of Voters  
1300 South Grand Avenue, Bldg. C  
CITY STATE ZIP CODE  
Santa Ana, CA 92711

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

## 6. Verification

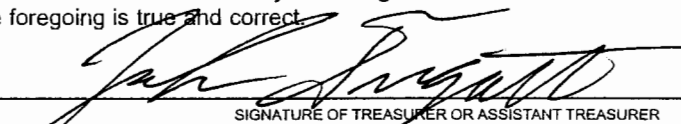
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/28/2005  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By   
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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Page <u>3</u> of <u>3</u>
FOR OFFICIAL USE ONLY

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

## V. Additional Comments

Subvendor for DMH & Associates - (\$1,571.85) U.S. Postal Service, 801 I Street, Sacramento, CA 95814