

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.

Amendment (Explain Below)

Report covers period from <u>10/19/2014</u> through <u>12/31/2014</u> Date Stamp RECEIVED CITY CLERK 15 FEB -3 PM 1:35 CITY OF COSTA MESA BY [REDACTED]	SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465	
Page <u>1</u> of <u>2</u>	
For Official Use Only	

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1352184

COMMITTEE/FILER'S NAME
Costa Mesa Taxpayers PAC (CMTAXPAC)

STREET ADDRESS (NO P.O. BOX)

603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92705</u>	<u>(714) 540-2295</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Santa Ana</u>	<u>CA</u>	<u>92705</u>	<u>(714) 540-2295</u>

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE
Katrina Foley

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
City Council Member: Costa Mesa

CHECK ONE

SUPPORT	OPPOSE
	<input checked="" type="checkbox"/>

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT	OPPOSE
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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)
10/30/2014	Visteva 9877 Chapman Ave #D192 Garden Grove, CA 92841	LIT	2,106.95	4,805.94
10/30/2014	Visteva 9877 Chapman Ave #D192 Garden Grove, CA 92841	LIT & POS	2,698.99	4,805.94

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from	10/19/2014	
through	12/31/2014	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Costa Mesa Taxpayers PAC (CMTAXPAC)		1352184

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4. Summary

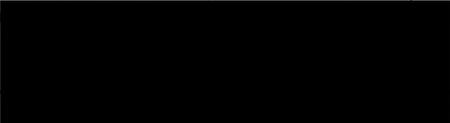
1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	4,805.94
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	4,805.94

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	3) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	CITY STATE ZIP CODE
2) NAME OF FILING OFFICER	4) NAME OF FILING OFFICER
ADDRESS (NO. AND STREET)	ADDRESS (NO. AND STREET)
CITY STATE ZIP CODE	CITY STATE ZIP CODE

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. 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 correct.

Executed on <u>01/27/2015</u>	By 
DATE	STANT TREASURER
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on _____	By _____
DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT