

ELECTRONICALLY FILED

**Supplemental Independent Expenditure Report**

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

CA-1703424

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

**Amendment** (Explain Below)

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Report covers period  
from 10/01/2012  
through 10/20/2012

Date of election if applicable:  
(Month, Day, Year)  
11/06/2012

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CITY OF COSTA MESA BY

SUPPLEMENTAL INDEPENDENT EXPENDITURE  
CALIFORNIA FORM 465  
Page 1 of 2  
For Official Use Only

**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)  
1288619

COMMITTEE/FILER'S NAME  
OCTaxPAC, Sponsored by the Orange County Taxpayers Association

STREET ADDRESS (NO P.O. BOX)  
25 Orchard

CITY STATE ZIP CODE AREA CODE/PHONE  
Lake Forest CA, 92630 (949) 768-1600

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer** (If recipient committee)

NAME OF TREASURER  
J. Richard Eichman

MAILING ADDRESS  
1127 11th Street, Suite 300

CITY STATE ZIP CODE AREA CODE/PHONE  
Sacramento CA, 95814

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
Gary Monahan	City Council Member City of Costa Mesa	X	
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)
10/01/2012	Bieber Communications, Inc. 3609 W. MacArthur Boulevard, Suite 812 Santa Ana, CA 92704	Mailer	3,578.55	3,578.55
10/01/2012	U.S. Postal Service 615 N. Bush Street Santa Ana, CA 92702	Mailer supporting Steve Mensinger, Colin McCarthy & Gary Monahan	3,544.25 MEMO Subpayment made through: Bieber Communications, Inc.	
10/01/2012	Voter Link 11299 N. 6000 West Highland, UT 84003	Mailer supporting Steve Mensinger, Colin McCarthy & Gary Monahan	567.08 MEMO Subpayment made through: Bieber Communications, Inc.	

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	10/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
NAME OF FILER OCTaxPAC, Sponsored by the Orange County Taxpayers Association		I.D. NUMBER (If recipient com.) 1288619

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,578.55
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	3,578.55

## 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ (NO. AND STREET)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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 certify that the "independent expenditure(s)" disclosed in this statement were \_\_\_\_\_ the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC R \_\_\_\_\_ used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein \_\_\_\_\_ under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-23-12  
DATE

By \_\_\_\_\_  
OF FILER, 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