

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.

Report covers period
from 01/01/2012
through 10/20/2012
Date of election if applicable:
(Month, Day, Year)
11/06/2012

RECEIVED
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CITY OF COSTA MESA
BY _____

SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA FORM 465
Page 1 of 3
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Amendment (Explain Below)
ADDING INDEPENDENT EXPENDITURES

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1351853

COMMITTEE/FILER'S NAME
ORANGE COUNTY JOBS COALITION

STREET ADDRESS (NO P.O. BOX)
3161 MICHELSON DRIVE, 12TH FLOOR

CITY STATE ZIP CODE AREA CODE/PHONE
IRVINE CA, 92612 (213) 624-6200

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
FLORA YIN

MAILING ADDRESS
3699 WILSHIRE BLVD., SUITE 1290

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA, 90010 (213) 624-6200

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>COLIN MCCARTHY</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member CITY OF COSTA MESA</u>	CHECK ONE	
		SUPPORT <u>X</u>	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)
10/16/2012	THE MONACO GROUP 1011 S. LINWOOD AVE. SANTA ANA, CA 92705	MAILER	2,668.00	14,596.66
10/16/2012	VINCE MONACO 25 CORN FLOWER STREET TRABUCO CANYON, CA 92679	MAILER	4,732.42	14,596.66
10/19/2012	THE MONACO GROUP 1011 S. LINWOOD AVE. SANTA ANA, CA 92705	MAILER	2,737.00	14,596.66

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

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 or 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.

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Date Stamp

CALIFORNIA FORM 465
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IV 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)
10/19/2012	VINCE MONACO 25 CORN FLOWER STREET TRABUCO CANYON, CA 92679	MAILER	3,677.24	14,596.66
10/16/2012	COLIN MCCARTHY	CONSULTING	230.00	14,596.66
10/16/2012	COLIN MCCARTHY	CONSULTING	552.00	14,596.66

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from	01/01/2012	
through	10/20/2012	Page <u>3</u> of <u>3</u>
		I.D. NUMBER (if recipient com.) 1351853

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ORANGE COUNTY JOBS COALITION

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 14,596.66
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 \$ 14,596.66

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
ORANGE COUNTY REGISTRAR OF VOTERS

ADDRESS (NO. AND STREET)
P.O. BOX 11298
1300 S. GRAND AVE., #C
CITY STATE ZIP CODE
SANTA ANA, CA 92711

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

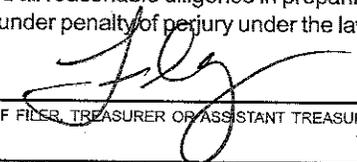
I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/1/12
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, 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