

# 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 10/01/2008  
through 10/18/2008  
Date of election if applicable:  
(Month, Day, Year)  
11/4/2008

SUPPLEMENTAL INDEPENDENT EXPENDITURE

RECE

CALIFORNIA FORM 465

2008 NOV 24

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For Official Use Only

OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee) \_\_\_\_\_

COMMITTEE/FILER'S NAME  
John V. Croul

STREET ADDRESS (NO P.O. BOX)  
1901 Bayadere Terrace

CITY STATE ZIP CODE AREA CODE/PHONE  
Corona Del Mar CA 92625 949 548-0776

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

## Treasurer (If recipient committee)

NAME OF TREASURER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

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

NAME OF CANDIDATE <u>Dolores Otting</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>Newport Beach City Council</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
			SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>

## 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)
10/16/2008	Voter Marketing Service 3553-A Atlantic Ave #122 Long Beach, CA 90807	Phone Calls	14,500	56,000

**Supplemental Independent Expenditure Report**

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	10/01/2008	
through	10/18/2008	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (If recipient com.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

John V. Croul

**4. Summary**

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	14,500
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL</b>	\$ 14,500

**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  
City of Newport Beach

ADDRESS (NO. AND STREET)  
PO Box 1768

CITY STATE ZIP CODE  
Newport Beach CA 92658

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 11/14/08

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