

# 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.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2007</u> through <u>06/30/2007</u>	<b>RECEIVED</b> Date Stamp <b>2007 AUG -1 AM 10:35</b> OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	<b>CALIFORNIA FORM 465</b> Page <u>1</u> of <u>2</u> For Official Use Only <i>Postmarked</i> <i>7/31/07</i>
Date of election if applicable: (Month, Day, Year) <u>11/07/2006</u>		

**Amendment** (Explain Below)

I.D. NUMBER (If recipient committee)  
1290371

## 1. Committee/Filer Information

## Treasurer (If recipient committee)

COMMITTEE/FILER'S NAME

NAME OF TREASURER

Neighborhood Preservation Coalition State PAC

Lysa Ray

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

1042 N Mountain Ave #103

542 Traverse Dr

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

Upland CA, 91786

Costa Mesa CA, 92626

714-540-2295

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SUPPORT OPPOSE

Jack Wu

City Council Member City of Newport Beach

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

## 3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
02/01/2007	Offset Solutions, Inc. PO Box 4172 Riverside, CA 92514		4,588.00	4,588.00

# 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	01/01/2007	
through	06/30/2007	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (if recipient com.) 1290371

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Neighborhood Preservation Coalition State PAC

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	4,588.00
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>	<b>4,588.00</b>

## 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)  
3300 Newport Blvd

CITY STATE ZIP CODE  
Newport Beach, CA 9266

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

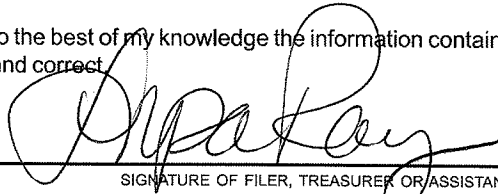
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/07  
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