

# 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<br>from <u>01/01/2006</u>                             | Date Stamp                                    | <b>CALIFORNIA FORM 465</b>                         |
| through <u>09/30/2006</u>  | <b>RECEIVED</b><br><b>2006 OCT 10 AM 9:32</b> |  |
| Date of election if applicable:<br>(Month, Day, Year)<br><u>11/07/2006</u> |   | Page <u>1</u> of <u>2</u>                          |
| OFFICE OF THE CITY CLERK<br>CITY OF NEWPORT BEACH                          |   | For Official Use Only<br><i>Postmarked 10/5/06</i> |

Amendment (Explain Below)

I.D. NUMBER (if recipient committee)  
1290371

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME  
Neighborhood Preservation Coalition State PAC

STREET ADDRESS (NO P.O. BOX)  
1042 N Mountain Ave #103

CITY STATE ZIP CODE AREA CODE/PHONE  
Upland CA, 91786

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER  
Lysa Ray

MAILING ADDRESS  
542 Traverse Dr

CITY STATE ZIP CODE AREA CODE/PHONE  
Costa Mesa CA, 92626 714-540-2295

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 |
| Jack Wu                | City Council Member City of Newport Beach         |              | 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) |
|------------|--|----------------------------|----------|---|
| 09/27/2006 | Offset Solutions, Inc.<br>PO Box 4172<br>Riverside, CA 92514 | Literature                 | 8,600.00 | 8,600.00  |
|            |  |                            |          |   |
|            |  |                            |          |   |

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

|  |            |  |
|--|------------|--|
| Report covers period   |            | <b>CALIFORNIA FORM 465</b>                 |
| from   | 01/01/2006 |  |
| through  | 09/30/2006 | Page <u>2</u> of <u>2</u>                  |
| NAME OF FILER<br>Neighborhood Preservation Coalition State PAC |            | I.D. NUMBER (if recipient com.)<br>1290371 |

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

|   |                 |          |
|---|-----------------|----------|
| 1. Total independent expenditures of \$100 or more made this period. (Part 3.)  | \$              | 8,600.00 |
| 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> | 8,600.00 |

## 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)

CITY STATE ZIP CODE

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 \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE 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