

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

Amendment (Explain Below)

Report covers period from 10/22/2006 through 12/31/2006	Date Stamp RECEIVED 2007 FEB -1 PM 2:34 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 465
Date of election if applicable: (Month, Day, Year) 11/07/2006	Page 1 of 2	For Official Use Only
		<i>Potomahed 1/31/07</i>

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1290371

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

Jack Wu

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member City of Newport Beach

CHECK ONE

SUPPORT	OPPOSE
	X

NAME OF BALLOT MEASURE

BALLOT NO./LETTER JURISDICTION

SUPPORT	OPPOSE
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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)
11/01/2006	Offset Solutions, Inc. PO Box 4172 Riverside, CA 92514	Literature & Postage	7,056.04	24,256.04

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Type or print in ink.
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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	10/22/2006	
through	12/31/2006	Page <u>2</u> of <u>2</u>
NAME OF FILER Neighborhood Preservation Coalition State PAC		I.D. NUMBER (if recipient com.) 1290371

SEE INSTRUCTIONS ON REVERSE

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	7,056.04
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	\$ 7,056.04

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 1/31/06
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By *Anna Ray*
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

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Newport Beach, CA 92643

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1/31/07

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