

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No _____
Report No SIE130-80930

Amendment (Explain Below)

| | | |
|--|---|--|
| Report covers period from <u>07/01/2008</u> through <u>09/30/2008</u> Date of election if applicable: (Month, Day, Year) | Date Stamp RECEIVED OCT -8 PM 1:44 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA 1994 FORM 465 1/3 For Official Use Only |
|--|---|--|

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
1271053

NAME OF FILER
Taxpayers For Safer Neighborhoods

STREET ADDRESS (NO P.O. BOX)
32302 Camino Capistrano #214

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------------------------|-----------|--------------|-----------------------|
| <u>San Juan Capistrano</u> | <u>CA</u> | <u>92675</u> | <u>(949) 496-8363</u> |

OPTIONAL: FAX/E-MAIL ADDRESS
()

Treasurer (if recipient committee)

NAME OF TREASURER
Barrett Garcia

MAILING ADDRESS
32302 Camino Capistrano #214

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------------------------|-----------|--------------|-----------------------|
| <u>San Juan Capistrano</u> | <u>CA</u> | <u>92675</u> | <u>(949) 496-8363</u> |

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 <u>City Council Member</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.

Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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.

| | | |
|--|------------|-----------------------|
| Report covers period from <u>7/1/08</u> through <u>9/30/08</u> | Date Stamp | |
| | | 2/3 |
| | | For Official Use Only |

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) |
|------------|--|----------------------------|----------|---|
| 07/31/2008 | Save Proposition 13 5405 Alton Pkwy Ste 5a-369 Irvine CA 92604 Reference No: | Slate Mailer | 1260.00 | 1260.00 |
| 08/01/2008 | Voter Marketing Services 3553-A Atlantic Ave #122 Long Beach CA 90807 Reference No: | Telephone survey | 11200.00 | 11200.00 |
| 07/31/2008 | Republican Woman's Voice 30011 Ivy Glenn Drive, Suite 223 Laguna Niguel CA 92677 Reference No: | Slate Mailer | 1048.00 | 1048.00 |
| 07/31/2008 | NTLC Newsletter 30011 Ivy Glenn Dr., Ste 223 Laguna Niguel CA 92677 Reference No: | Slate Mailer | 1451.00 | 1451.00 |
| 07/31/2008 | Orange County Republican Leadership Voter Guide 30011 Ivy Glenn Drive, Ste 223 Laguna Niguel CA 92677 Reference No: | Slate Mailer | 1520.00 | 1520.00 |

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

| | | |
|----------------------|---------|--------------------------------|
| Report covers period | | |
| from | 7/1/08 | |
| through | 9/30/08 | |
| | | 3/3 |
| | | LD. NUMBER (If Recipient Com.) |
| | | 1271053 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Taxpayers For Safer Neighborhoods

4. Summary

| | | |
|---|----------|----------|
| 1. Total independent expenditures made of \$100 or more this period. (Part 3) | \$ | 16479.00 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ | 0.00 |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ | 16479.00 |

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.
Please see attached pages

6. Verification

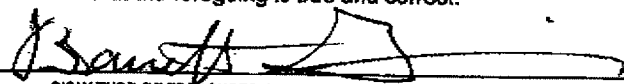
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 10/08/2008
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF 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