

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF NEWPORT BEACH

CALIFORNIA FORM **460**

Page 1 of 8

For Official Use Only

Statement covers period from <u>July 1, 2008</u>	Date of election if applicable: (Month, Day, Year) <u>2007 FEB -2 AM 9:47</u>
through <u>Dec 31, 2008</u>	<u>November 4, 2008</u>

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

2. Type of Statement:

- | | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1299198

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Newporters for a Better Community

STREET ADDRESS (NO P.O. BOX)

512 Cameo Highlands Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	949-719-9390

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Fax: 949-719-9390

Email: N/A

Treasurer(s)

NAME OF TREASURER

Karen E. Tringali

MAILING ADDRESS

512 Cameo Highlands Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	949-719-9390

NAME OF ASSISTANT TREASURER, IF ANY

Allan Beek

MAILING ADDRESS

2007 Highland Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-645-1419

OPTIONAL: FAX / E-MAIL ADDRESS

Fax: 949-719-9390

Email: N/A

4. 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 January 19, 2008
Date

By 
Signature of 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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>July 1, 2008</u>	CALIFORNIA FORM 460
through <u>Dec 31, 2008</u>	
Page <u>3</u> of <u>8</u>	
I.D. NUMBER <u>1299198</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newporters for a Better Community

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>348</u>	\$ <u>14751</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>348</u>	\$ <u>14751</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0</u>	<u>607</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>348</u>	\$ <u>15358</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>5165</u>	\$ <u>105116</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>5165</u>	\$ <u>105116</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>-38</u>	<u>0</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>607</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>5127</u>	\$ <u>105723</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>4817</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>348</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>5165</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from July 1, 2008
through Dec 31, 2008


CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newporters for a Better Community

I.D. NUMBER
1299198

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/08	Jan & Cheryl Vandersloot 	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self	\$300	\$2300	\$300
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				\$300		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 300
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 48
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 348

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>July 1, 2008</u> through <u>Dec 31, 2008</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Newporters for a Better Community

I.D. NUMBER
1299198

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 0

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	July 1, 2008	
through	Dec 31, 2008	Page <u>6</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
Newporters for a Better Community		1299198

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Newporters for a Better Community

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dynamic Marketing Inc. 1145 West Collins Avenue Orange, CA 92867	LIT	Campaign Materials & Mailing	\$4500
Jennifer Frutig 23871 Willow Drive #388 Laguna Hills, CA 92653	POL	Community Outreach	\$300
Political Data, Inc. PO Box 1706 Burbank, CA 91507	LIT	Mail Files	\$200

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 5000

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	5000
2. Unitemized payments made this period of under \$100	\$	165
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	5165

Schedule I
Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period
from July 1, 2008
through Dec 31, 2008

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Newporters for a Better Community

I.D. NUMBER
1299198

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0
- 2. Unitemized increases to cash of under \$100 this period. \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0