Supplemental Independent Expenditure Report (Government Code Section 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink.				SUPPLEMENTAL INDEPENDENT EXPENDITU							
		Amounts may be rounded to whole dollars.	•	Report covers period		Date Stamp		CALIFORNIA 465					
		whole dollars.		from				FORM TOO					
		☐ Amendment (Explain	Below)	through12/31/04		E MENTED		Page1 of2					
				Date of election if a (Month, Day, Y	1 115 1 1 , - 2	[5 17] - 2 [A] D: 1:0		cial Use Or	nly				
				11/2/04				POSTMAKKED W					
1. Committee	/Filer Information	I.D. NUMBER (If recipient committee) 1248891		Treasurer (	f recipient co	nmittee)		, , , , ,					
COMMITTEE/FILER'S NAME				NAME OF TREASURER									
Taxpayers for a Better Dana Point				Mike Winterhalter									
				MAILING ADDRESS									
STREET ADDRESS (NO P.O. BOX)				234 Monarch	Вау								
24843 Del Pr				CITY		STAT	E ZIP CODE	E ARE	A CODE/PH	HONE			
CITY STATE ZIP CODE AREA CODE/PHONE  Dana Point CA 92629				Dana Point CA 92629									
Dana Point		52029		OPTIONAL: FAX/E	-MAIL ADDRE								
OPTIONAL: FAX/E	E-MAIL ADDRESS												
2. Name of Ca	andidate or Measure Su	ipported or Opposed							CHEC	K ONE			
NAME OF CANDIDATE				OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE					SUPPORT	OPPOSE			
April O'Connor				Dana Point City Council					$  \times  $				
NAME OF BALLOT MEASURE				BALLOT NO./LETTER	JURISDICTIO	ON			SUPPORT	OPPOSE			
0 111													
•	nt Expenditures Made A		ropriately					CUMULAT	IVE TO DA				
DATE	DATE NAME AND ADDRESS OF PAYEE			DESCRIPTION OF EXPENDITURE			AMOUNT CALL						
9/15-10/25	Bieber Communications 3605 W. MacArthur Blvd. Ste 712 Santa Ana CA 92704			Literature			4,269.50	14,269.50					
9/29	The Greensburgh Group 245 Fisher Ave C-3 Costa Mesa CA 92626			literature			83.34	14,852.84					
9/14-10/4	US Postmaster		BRM				262.50	14615.34					

Supplemental Independent	Type or print in ink.		SUPPLEMENTAL INDEPENDENT EXPENDITUR					
Expenditure Report	Amounts may be ro	unded	Repo	ort covers period	CALIF	ORNIA 465		
Expenditure Report	to whole dollar	<b>*S.</b>	from	rom7/1/04		FORM 405		
SEE INSTRUCTIONS ON REVERSE			through	12/31/04	Page	2 of 2		
NAME OF FILER		······································			.1	ER (If recipient com.)		
Taxpayers for a Better Dana Point					124889	1		
4. Summary								
1. Total independent expenditures of \$100 or more made	le this period. (Part 3.)				. \$	14,615.34		
2. Total independent expenditures under \$100 made this	s period. (Not itemized.)				. \$	111.00		
Total independent expenditures made this period (Add Lines 1 + 2.)						14,726.34		
5. Filing Officers Enter the name and address of each fi	iling officer with whom the file	er's most recent camp	aign statement	s (Form 450, 460 or 46	61) have be	een filed.		
1) NAME OF FILING OFFICER	······································	3) NAME OF FILING	OFFICER	<del></del>				
Cathy Catlett, Asst. City Clerk								
ADDRESS (NO. AND STREET)	<u> </u>	ADDRESS		(NO. AND STREET)				
33282 Golden Lantern								
CITY STATE		CITY			STATE	ZIP CODE		
Dana Point CA  2) NAME OF FILING OFFICER	92629	4) NAME OF FILING	OFFICER					
2) NAME OF FILING OFFICER		4) NAME OF FILING	UFFICER					
ADDRESS (NO. AND STREET)		ADDRESS		(NO. AND STREET)	<del></del>			
CITY STATE	ZIP CODE	CITY			STATE	ZIP CODE		
6. Verification								
I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Califo			e the informati	on contained herein is	true and c	omplete. I certify		
Executed on 1 28 05	By MOCH.	SIGNATURE OF TREA	SURER OR ASSISTA	INT TREASURER				
Executed on	BySIGNATURE OF CONTROLLING	OFFICEHOLDER, CANDIDATE	, STATE MEASURE (	PROPONENT, OR RESPONSIBLE	OFFICER OF	SPONSOR		
Executed on	Bysignatu	JRE OF CONTROLLING OFFICE	HOLDER, CANDIDAT	E, STATE MEASURE PROPONEN	<b>I</b> T			
Executed on	BySIGNATU	IRE OF CONTROLLING OFFICE	HOLDER, CANDIDAT	E, STATE MEASURE PROPONEN	ıT			