

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

SEE INSTRUCTIONS ON REVERSE

Amendment (Explain Below)

Report covers period

from 01/01/2014

through 03/22/2014

Date of election if applicable:
(Month, Day, Year)

04/08/2014

Date Stamp

CITY OF SANTA CLARITA

2014 MAR 28 A 8:58

RECEIVED
CITY CLERKS OFFICE

CALIFORNIA FORM 465

Page 1 of 2

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1347315

COMMITTEE/FILER'S NAME
California Conservatives for Ethics and Integrity in Politics

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
Gary Crummitt

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE <u>Marsha McLean</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member: City of Santa Clarita</u>	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>
			SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

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)
03/11/2014	Aaron, Thomas & Associates, Inc.	Mailer	2,620.55	2,620.55

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CITY OF SANTA CLARITA

Report covers period		CALIFORNIA FORM 465
from	01/01/2014	
through	03/22/2014	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
California Conservatives for Ethics and Integrity in Politics		1347315

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4. Summary

1. Total independent expenditures of \$100 or more made this period (Part 3.)	\$	2,620.55
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	\$ 2,620.55

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
Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
Sacramento CA 95814

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) 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 certify that the "independent expenditure(s)" disclosed in this statement were not "made as those terms are defined in Government Code Section 82031 and FPPC Regulation 18200.1" statement and to the best of my knowledge the information contained herein is true and complete and the foregoing is true and correct.

I certify that I am a member of the committee that benefitted from the expenditure(s) disclosed in this statement and I participated in preparing and reviewing this statement under the laws of the State of California that

Executed on 03/27/2014
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Gary Crummitt
ANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROONENT