

COPY

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 <u>01/01/2014</u> through <u>03/22/2014</u>	Date Stamp CITY OF SANTA CLARI 2014 MAR 28 A 8:58 RECEIVED CITY CLERKS OFFICE	CALIFORNIA FORM 465 Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>04/08/2014</u>		

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 _____

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	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
<u>Laurene Weste</u>	<u>City Council Member: City of Santa Clarita</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	
		<input type="checkbox"/>	<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)
<u>03/11/2014</u>	<u>Aaron, Thomas & Associates, Inc.</u>	<u>Mailer</u>	<u>2,620.55</u>	<u>2,620.55</u>

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

CITY OF SANTA CLARITA

Report covers period from <u>01/01/2014</u> through <u>03/22/2014</u>	CALIFORNIA FORM 465
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 1347315

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Conservatives for Ethics and Integrity in Politics
2014 MAR 28 A 8:58

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

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 at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 1.91 and I certify that I exercised due diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and correct under the laws of the State of California that the foregoing is true and correct.

Executed on 03/27/2014
DATE

By Gary Crummitt
SIGNATURE OF FILER, 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