

# 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

CALIFORNIA FORM **465**

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

<b>Report covers period</b> from <u>03/23/2014</u> through <u>06/30/2014</u>	Date Stamp CITY OF SANTA CLARITA 2014 AUG -5 A 11:47 RECEIVED CLERK'S OFFICE	Page <u>1</u> of <u>2</u> For Official Use Only
<b>Date of election if applicable:</b> (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 <u>Marsha McLean</u>	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE <u>City Council Member: City of Santa Clarita</u>	CHECK ONE		
		SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	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)
03/28/2014	Aaron, Thomas & Associates, Inc.	Mailer	1,995.82	6,828.24
04/01/2014	Aaron, Thomas & Associates, Inc.	Mailer	2,211.87	6,828.24

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	03/23/2014	
through	06/30/2014	Page 2 of 2
I.D. NUMBER (If recipient com.)		1347315

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NAME OF FILER  
California Conservatives for Ethics and Integrity in Politics

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	4,207.69
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	<b>4,207.69</b>

## 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

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) 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 18225.7. I exercised reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I am not guilty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/31/2014  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF FILER, 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