

# 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 01/01/2010

through 10/16/2010

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

11/02/2010

Date Stamp

RECEIVED

OCT 22 2010

CITY OF SAN MARCOS  
CITY CLERK DEPT

CALIFORNIA  
FORM 465

Page 1 of 2

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)

COMMITTEE/FILER'S NAME

ACCRETIVE INVESTMENTS, INC. & ITS AFFILIATED ENTITIES

STREET ADDRESS (NO P.O. BOX)

12275 EL CAMINO REAL, SUITE 110

CITY

STATE

ZIP CODE

AREA CODE/PHONE

SAN DIEGO CA, 92130

858/546-0700

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

KRISTAL JABARA

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member CITY OF SAN MARCOS

SUPPORT

X

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
09/29/2010	COPS VOTER GUIDE (#599014) 705-2 E. BIDWELL STREET, #370 FOLSOM, CA 95630	INDEPENDENT EXPENDITURE OF SLATE MAILER SUPPORTING KRISTAL JABARA FOR CITY COUNCIL, CITY OF SAN MARCOS.	450.00	2,280.00
09/29/2010	CONTINUING THE REPUBLICAN REVOLUTION (#598041) 1300 BRISTOL STREET NORTH, SUITE 100 NEWPORT BEACH, CA 92660	INDEPENDENT EXPENDITURE OF SLATE MAILER SUPPORTING KRISTAL JABARA FOR CITY COUNCIL, CITY OF SAN MARCOS.	250.00	2,280.00
10/07/2010	CALIFORNIA VOTER GUIDE (#595004) 1954 WEST CARSON STREET, SUITE B TORRANCE, CA 90501	INDEPENDENT EXPENDITURE OF SLATE MAILER SUPPORTING KRISTAL JABARA FOR CITY COUNCIL, CITY OF SAN MARCOS.	1,580.00	2,280.00

FPPC Form 465

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	01/01/2010	
through	10/16/2010	Page <u>2</u> of <u>2</u>
NAME OF FILER ACCRETIVE INVESTMENTS, INC. & ITS AFFILIATED ENTITIES		I.D. NUMBER (If recipient com.)

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 2,280.00
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 \$ 2,280.00</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  
SAN MARCOS CITY CLERK

ADDRESS (NO. AND STREET)

CITY HALL - SECOND FLOOR

1 CIVIC CENTER DRIVE

CITY

SAN MARCOS, CA 92069

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 have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 10/21/10  
DATE

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

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

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

By James B. Helton  
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