

**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.

**Amendment** (Explain Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report covers period		Date Stamp	CALIFORNIA FORM <b>465</b>	
from	01/01/2012	RECEIVED OCT 29 2012 CITY OF SAN MARCOS CITY CLERK DEPT.	Page	of
through	10/20/2012		1	2
Date of election if applicable: (Month, Day, Year)		For Official Use Only Post marked 10-25-12 Accepted per GC 81007		
11/06/2012				

**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)  
1352384

COMMITTEE/FILER'S NAME

North County Taxpayers for Responsible Government

STREET ADDRESS (NO P.O. BOX)

330 Encinitas Blvd., Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE  
Encinitas CA, 92024 760-632-3600

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer** (If recipient committee)

NAME OF TREASURER

Nancy Haley

MAILING ADDRESS

330 Encinitas Blvd., Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE  
Encinitas CA, 92024 760-632-3600

OPTIONAL: FAX/E-MAIL ADDRESS

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

CHECK ONE

NAME OF CANDIDATE Rebecca Jones	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.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/20/2012	COPS Voter Guide (#599014) 705-2 E. Bidwell St., #370 Folsom, CA 95630	Slate Mailer	931.00	931.00

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA  
FORM

**465**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
North County Taxpayers for Responsible Government

Report covers period  
from 01/01/2012  
through 10/20/2012

Page 2 of 2

I.D. NUMBER (If recipient com.)  
1352384

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) .....	\$ <u>931.00</u>
2. Total independent expenditures under \$100 made this period. (Not itemized.) .....	\$ <u>0.00</u>
3. Total independent expenditures made this period (Add Lines 1 + 2.) .....	<b>TOTAL</b> \$ <u>931.00</u>

## 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 Diego County Register of Voters

ADDRESS (NO. AND STREET)  
5201 Ruffin Road

CITY STATE ZIP CODE  
San Diego, CA 92123

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 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 OCT 25 2012

DATE

By \_\_\_\_\_  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

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

DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

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

DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

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

DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER North County Taxpayers for Responsible Government		Date of This Filing <u>10/31/2012</u>	Date Stamp
AREA CODE/PHONE NUMBER <u>760-632-3600</u>	I.D. NUMBER (if applicable) <u>1352384</u>	Report No. <u>12</u>	RECEIVED
STREET ADDRESS <u>330 Encinitas Blvd., Ste. 101</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	NOV 01 2012
CITY <u>Encinitas, CA 92024</u>	STATE <u>CA</u>	ZIPCODE <u>92024</u>	No. of Pages <u>2</u>

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <u>Rebecca Jones</u>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD <u>City Council Member City of San Marcos</u>	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT ND/Letter	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2012	Voter File	27.68
10/31/2012	Mailing	368.82

Reason for Amendment: \_\_\_\_\_

FPPC Form 496 (March 2011)

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

## 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA  
FORM **496**

I.D. NUMBER (If applicable)

1352384

NAME OF FILER  
North County Taxpayers for Responsible Government

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET, ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/25/2012	Community Collective LLC  43460 Ridge Park Dr., Ste. 260 Temecula, CA 92590	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A  N/A	500.00	If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

## \*\*Contributor Codes

IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other

PTY – Political Party

SCC – Small Contributor Committee

FPPC Form 496 (March/2011)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)