

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**

Page 1 of 2

For Official Use Only

Post marked 10-25-12
Accepted per
GC 8100.7

Report covers period

Date Stamp

from 01/01/2012

through 10/20/2012

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

11/06/2012

RECEIVED

OCT 29 2012

CITY OF SAN MARCOS
CITY CLERK DEPT.

☐ Amendment (Explain Below)

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

NAME OF CANDIDATE

Rebecca Jones

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member City of San Marcos

CHECK ONE

SUPPORT

OPPOSE

X

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

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 01/01/2012 through 10/20/2012	CALIFORNIA FORM 465 Page 2 of 2
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
North County Taxpayers for Responsible Government

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

4. Summary

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

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

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

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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 <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 01 2012 OF SAN MARCOS CITY CLERK DEPT. </div>	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER 760-632-3600	I.D. NUMBER (if applicable) 1352384	Report No. <u>12</u>		
STREET ADDRESS 330 Encinitas Blvd., Ste. 101		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Encinitas, CA	STATE CA	ZIP CODE 92024		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Rebecca Jones				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICES SOUGHT OR HELD City Council Member City of San Marcos	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./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: _____

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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)