

# 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

Report covers period from <u>10/22/2006</u> through <u>12/31/2006</u>	Date Stamp <b>RECEIVED</b> 2007 FEB -1 AM 10: 45 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM <b>465</b>
Date of election if applicable: (Month, Day, Year) <u>11/07/2006</u>		
<input type="checkbox"/> <b>Amendment</b> (Explain Below) _____ _____		Page <u>1</u> of <u>2</u>
		For Official Use Only <i>Postmarked</i> <i>1/31/07</i>

## 1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Neighborhood Preservation Coalition Yes on W

STREET ADDRESS (NO P.O. BOX)

3334 E Coast Hwy #103

CITY STATE ZIP CODE AREA CODE/PHONE

Corona del Mar CA, 92625-3238

OPTIONAL: FAX/E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)  
1290241

## Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

542 Traverse Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Costa Mesa CA, 92626

714-540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

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

NAME OF CANDIDATE

Leslie Daigel

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member City of Newport Beach

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)
10/30/2006	Mercury Mailing Inc. 7101 Jurupa Ave #1 Riverside, CA 92504	Literature & Postage	1,000.00	1,000.00

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Amounts may be rounded  
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	10/22/2006	
through	12/31/2006	Page <u>2</u> of <u>2</u>
		I.D. NUMBER (if recipient com.) 1290241

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Neighborhood Preservation Coalition Yes on W

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	1,000.00
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 \$</b>	<b>1,000.00</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 \_\_\_\_\_

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 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 1/31/07  
DATE

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

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

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

By *Shpa Ray*  
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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*1/31/07*

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FORM 4349 03/03 Pub. 01/07:16:36 2007  
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