

# Supplemental Independent Expenditure Report

Type or print name.  
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2006</u> through <u>03/25/2006</u>	<b>CALIFORNIA FORM 465</b>
	Page <u>2</u> of <u>2</u>
	I.D. NUMBER (If recipient com.) 1283201

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NEWHALL CIVIC IMPROVEMENT ASSOCIATION

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	3,491.41
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>	3,491.41

## 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)  
POLITICAL REFORM DIVISION  
1500 11TH ST., #495  
CITY STATE ZIP CODE  
SACRAMENTO, CA 95814

2) NAME OF FILING OFFICER  
LOS ANGELES COUNTY

ADDRESS (NO. AND STREET)  
REGISTRAR-RECORDER/COUNTY CLERK  
12400 IMPERIAL HWY., 2ND FLOOR  
CITY STATE ZIP CODE  
NORWALK, CA 90650

3) NAME OF FILING OFFICER  
CITY & COUNTY OF SAN FRANCISCO

ADDRESS (NO. AND STREET)  
DEPARTMENT OF ELECTIONS  
ONE DR. CARLTON B. GOODLETT PL., RM 48  
CITY STATE ZIP CODE  
SAN FRANCISCO, CA 94102

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

## 6. Verification

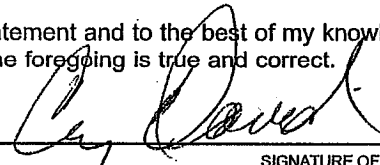
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4-28-06  
DATE

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

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

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

By   
SIGNATURE OF 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

**Supplemental Independent Expenditure Report**  
(Government Code Section 84203.5)

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

**CALIFORNIA FORM 465**

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

**Report covers period**

from 01/01/2006

through 03/25/2006

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

04/11/2006

Date Stamp

CITY OF SANTA CLARITA

2006 MAY -2 P 3:45

RECEIVED

CITY CLERKS OFFICE

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For Official Use Only

**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)

1283201

**Treasurer** (If recipient committee)

COMMITTEE/FILER'S NAME

NEWHALL CIVIC IMPROVEMENT ASSOCIATION

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

SANTA CLARITA CA, \_\_\_\_\_

OPTIONAL: FAX/E-MAIL ADDRESS

NAME OF TREASURER

CARY DAVIDSON

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 FRANK FERRY	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member CITY OF SANTA CLARITA	CHECK ONE	
		SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	

**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)
03/09/2006	AARON, THOMAS & ASSOCIATES, INC. 9260 OWENSMOUTH AVE. CHATSWORTH, CA 91311	MAILER	2,868.77	3,491.41
03/09/2006	LIAISON COMMUNICATIONS 28060 CARAWAY LANE SAUGUS, CA 91350	CONSULTING FEE	500.00	3,491.41
03/09/2006	THE GREENSBURGH GROUP, INC. 245 FISCHER AVE. SUITE C-3 COSTA MESA, CA 92626	MAILER	122.64	3,491.41