

# 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

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

Amendment (Explain Below)

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1283201

COMMITTEE/FILER'S NAME  
NEWHALL CIVIC IMPROVEMENT ASSOCIATION

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
SANTA CLARITA CA, [REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER  
CARY DAVIDSON

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL: FAX/E-MAIL ADDRESS

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

NAME OF CANDIDATE  
MARSHA MCLEAN  
NAME OF BALLOT MEASURE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE  
City Council Member CITY OF SANTA CLARITA  
BALLOT NO./LETTER JURISDICTION

CHECK ONE	
SUPPORT	OPPOSE
X	

## 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	2,868.78	3,491.42
03/09/2006	LIAISON COMMUNICATIONS 28060 CARAWAY LANE SAUGUS, CA 91350	CONSULTING FEE	500.00	3,491.42
03/09/2006	THE GREENSBURGH GROUP, INC. 245 FISCHER AVE. SUITE C-3 COSTA MESA, CA 92626	MAILER	122.64	3,491.42

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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

SEE INSTRUCTIONS ON REVERSE

**4. Summary**

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 3,491.42
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 \$ 3,491.42</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  
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

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT