

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 3:46

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)

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

LAURENE WESTE

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member CITY OF SANTA CLARITA

SUPPORT OPPOSE

X

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	3,491.42
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	122.65	3,491.42

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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.)	TOTAL \$	3,491.42

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]
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