

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 <u>1/1/08</u> through <u>3/25/08</u>	Date Stamp <u>CITY OF SANTA CLARITA</u> <u>2008 APR -1 A 11:43</u>
Date of election if applicable (Month, Day, Year) <u>8 April 08</u>	RECEIVED CITY CLERKS OFFICE

Amendment (Explain Below)

1. Committee/Filer Information

COMMITTEE/FILER'S NAME

Citizens for Integrity in Government

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles, CA

OPTIONAL: FAX / E-MAIL ADDRESS

I.D. NUMBER (If recipient committee)
1283709

Treasurer (If recipient committee)

NAME OF TREASURER

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

Laurie Ender

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

CUMULATIVE TO DATE
CALENDAR YEAR
(JAN. 1 - DEC. 31)

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
<u>3/20/08</u>	<u>Aaron, Thomas Assoc.</u> <u>[REDACTED], CA</u>	<u>Direct mail</u>	<u>\$29,500.00</u>	<u>\$29,500.00</u>

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from	1/1/08	
through	3/25/08	Page <u>2</u> of <u>2</u>
NAME OF FILER		I.D. NUMBER (If recipient com.)
Citizens for Integrity in Government		1283709

SEE INSTRUCTIONS ON REVERSE

4. Summary

- Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 29,500.00
- Total independent expenditures under \$100 made this period. (Not itemized.) \$ _____
- Total independent expenditures made this period (Add Lines 1 + 2.) **TOTAL** \$ 29,500.00

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
Armando Arariza

ADDRESS (NO. AND STREET)
[REDACTED] CA [REDACTED]

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 3-25-08
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By A. Arariza
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