

**Supplemental Independent Expenditure Report**

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

**ELECTRONICALLY FILED**

Type or print in ink.  
Amounts may be rounded to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

CA-1491045

**Amendment** (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Report covers period

from 01/01/2010

through 05/22/2010

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

06/08/2010

Date Stamp

SOCIETY OF CALIFORNIA  
Santa Clarita

2010 JUN -1 A

RECEIVED  
CITY CLERKS OFFICE

**CALIFORNIA FORM 465**

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For Official Use Only

**1. Committee/Filer Information**

I.D. NUMBER (If recipient committee)

902368

COMMITTEE/FILER'S NAME

California Republican Assembly Independent Expenditure Committee

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

\_\_\_\_\_

OPTIONAL: FAX/E-MAIL ADDRESS

**Treasurer** (If recipient committee)

NAME OF TREASURER

John Fugatt

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 David Gauny	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	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)
03/23/2010	Aaron, Thomas & Associates, Inc. _____	Mailer	4,559.86	4,559.86
03/23/2010	U.S. Postal Service Postal Main Santa Ana, CA 92704	Mailer Supporting David Gauny	1,547.92 MEMO Subpayment made through: Aaron, Thomas & Associates, Inc	

2010

# Supplemental Independent Expenditure Report

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to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	<b>CALIFORNIA FORM 465</b>
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I.D. NUMBER (If recipient com.) 902368	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
California Republican Assembly Independent Expenditure Committee

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) .....	\$	4,559.86
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> \$	4,559.86

## 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  
Los Angeles County

ADDRESS (NO. AND STREET)  
Campaign Reporting Unit  
12400 Imperial Highway  
CITY STATE ZIP CODE  
Norwalk, CA 90650

2) NAME OF FILING OFFICER  
Registrar of Voters

ADDRESS (NO. AND STREET)  
County of San Francisco  
1 Dr. Carlton B. Goodlett Pl., Room 48  
CITY STATE ZIP CODE  
San Francisco, CA 94102

3) 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 5/26/10  
DATE

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

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

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

By   
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