

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER <i>Citizens for Integrity in Govt</i>		Date of This Filing <i>4-5-10</i>	Date Stamp CITY OF SANTA CLARITA	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER <i>710 854 8235</i>	ID. NUMBER (if applicable)	Report No. <i>2</i>	2010 APR -7 A 8:18	For Official Use Only
STREET ADDRESS <i>8687 Melrose Ave #700</i>		<input type="checkbox"/> Amendment to Report No. (explain below)	RECEIVED CITY CLERKS OFFICE	
CITY <i>Los Angeles</i>	STATE <i>CA</i>	ZIP CODE <i>90067</i>	No. of Pages <i>1</i>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <i>Frank Ferry</i>				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SEEN OR HELD <i>SC City Council</i>	SECTION	SUPPORT <i>X</i>	OPPOSE	BALLOT MEASURE	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled contribution sheets

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<i>4-3-10</i>	<i>Direct Mail</i>	<i>7859.49</i>

Late Expenditures (Independent) Made

Stephan Lee Anderson

04/06/2010 15:52
04/06/2010 23:01 FAX 2029555765
The Melrose Hotel
04/04/004
81768 P 003/004

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AREA CODE/PHONE NUMBER <i>710 854 8235</i>	I.D. NUMBER (if applicable)	Report No. <i>3</i>		
STREET ADDRESS <i>8687 Melrose Ave #700</i>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <i>Los Angeles</i>	STATE <i>CA</i>	ZIP CODE <i>90067</i>	No. of Pages <i>1</i>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <i>Marsha McLean</i>			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED		
OFFICE/BOUNDED OFFICE <i>SC City Council</i>	OBJECTIVE SUPPORT	OPPOSED	BALLOT MEASURE	JURISDICTION	SUPPORT OPPOSE

2. Independent Expenditures Made Attach additional information as appropriately labeled contributions where

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<i>4-3-10</i>	<i>Direct Mail</i>	<i>7859.49</i>

(also Expenditures (Independent) Made

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AREA CODE/PHONE NUMBER <i>910 854 8235</i>	I.D. NUMBER (if applicable)	Report No. <i>24</i>		
STREET ADDRESS <i>8687 Melrose Ave #700</i>		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY <i>Los Angeles</i>	STATE <i>CA</i>	ZIP CODE <i>90067</i>	No. of Pages <i>1</i>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED <i>Laurene Weste</i>			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
OFFICE BOUGHT OR HELD <i>SC City Council</i>	DISTRICT NO.	SUPPORT <i>X</i>	OPPOSE	BALLOT MEASURE TITLE	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled contribution sheets

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<i>4-3-10</i>	<i>Direct Mail</i>	<i>7859.49</i>

(also Expenditure (Independent) Made

Statement for Amendment