

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Taxpaying Residents Upholding Excellence PAC (TRUE PAC)			<b>Date of This Filing</b> <u>10/12/2018</u>		Date Stamp <i>Received via email on 10/12/18</i>	<b>CALIFORNIA FORM 496</b> For Official Use Only	
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]		<b>I.D. NUMBER (if applicable)</b> 1390295		<b>Report No.</b> <u>2018-496-1</u>			
<b>STREET ADDRESS</b> [REDACTED]							
<b>CITY</b> Dana Point		<b>STATE</b> CA		<b>ZIP CODE</b> 92629			
<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)							
<b>No. of Pages</b> <u>2</u>							

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Sandy Rains				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>						
<b>OFFICE SOUGHT OR HELD</b> City Council Member: City of Laguna Niguel		<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>		<b>JURISDICTION</b>		<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/11/2018	Design Costs Cumulative to date total \$2090.67	200.00
10/11/2018	Postage Costs Cumulative to date total \$2090.67	810.57
10/11/2018	Printing & Mailing Costs Cumulative to date total \$2090.67	1,080.10

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

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<b>CALIFORNIA FORM</b>	<b>496</b>
I.D. NUMBER (If applicable)	
1390295	

NAME OF FILER  
Taxpaying Residents Upholding Excellence PAC (TRUE PAC)

### 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/11/2018	Linda Lindholm [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker None	2,500.00	If loan, enter interest rate, if any _____%
10/11/2018	Quadrant Law Group, LLP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee

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<b>NAME OF FILER</b> Taxpaying Residents Upholding Excellence PAC (TRUE PAC)			<b>Date of This Filing</b> <u>10/12/2018</u>		Date Stamp		<b>CALIFORNIA FORM 496</b>		
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]		<b>I.D. NUMBER (if applicable)</b> 1390295		<b>Report No.</b> <u>2018-496-2</u>		For Official Use Only			
<b>STREET ADDRESS</b> [REDACTED]				<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)					
<b>CITY</b> Dana Point		<b>STATE</b> CA		<b>ZIP CODE</b> 92629					

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Kelly Jennings				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>					
<b>OFFICE SOUGHT OR HELD</b> Water Board Member: Moulton Niguel Water District		<b>DISTRICT NO.</b>	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>		<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/11/2018	Design Costs Cumulative to date total \$2090.66	200.00
10/11/2018	Postage Costs Cumulative to date total \$2090.66	810.56
10/11/2018	Printing & Mailing Costs Cumulative to date total \$2090.66	1,080.10

Reason for Amendment: \_\_\_\_\_

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**CALIFORNIA**  
**FORM 496**

NAME OF FILER  
Taxpaying Residents Upholding Excellence PAC (TRUE PAC)

I.D. NUMBER (if applicable)  
1390295

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10/11/2018	Quadrant Law Group, LLP [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
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		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

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OTH – Other  
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