

# 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>10/18/2018</u>		Date Stamp <i>Received via email on 10/18/18</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>2018-496-5</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
10/18/2018	Postage Costs Cumulative to date total \$3475.91	576.71

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

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**

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

I.D. NUMBER (if applicable)  
1390295

### 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 _____%
10/15/2018	Gary G. Capata [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Capata & Co.	500.00	If loan, enter interest rate, if any _____%
10/15/2018	Raymond Winstead [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Winstead Law Group	250.00	If loan, enter interest rate, if any _____%
10/18/2018	John R. Mastrocola [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Newport Nursing and Rehabilitation Center	1,000.00	If loan, enter interest rate, if any _____%
10/18/2018	William C. Wilemon [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO DevicePharm	900.00	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

# 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>10/18/2018</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>2018-496-6</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		<b>No. of Pages</b> <u>2</u>			

## 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
10/18/2018	Postage Costs Cumulative to date total \$3475.88	576.70

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

# 496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**

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

I.D. NUMBER (If applicable)  
1390295

### 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 _____%
10/15/2018	Gary G. Capata [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Capata & Co.	500.00	If loan, enter interest rate, if any _____%
10/15/2018	Raymond Winstead [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Winstead Law Group	250.00	If loan, enter interest rate, if any _____%
10/18/2018	John R. Mastrocola [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Newport Nursing and Rehabilitation Center	1,000.00	If loan, enter interest rate, if any _____%
10/18/2018	William C. Wilemon [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO DevicePharm	900.00	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