





**Recipient Committee  
Campaign Statement  
Summary Page**

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

Statement covers period  
from 07/01/2012  
through 09/30/2012

SHORT FORM  
**CALIFORNIA FORM 450**

Page 2 of 6

NAME OF COMMITTEE

Ocean View Teachers Association PAC

I.D. NUMBER

942683

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>21026.07</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	<i>Add Lines 1 + 2</i>	\$ <u>210267.07</u>
4. Nonmonetary Adjustment .....	<i>From Line 8 Below</i>	<u>0.00</u>
5. Total expenditures made from previous statement .....	<i>Previous Summary Page, Line 6</i>	\$ <u>0.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE .....	<i>Add Lines 3 + 4 + 5</i>	\$ <u>21026.07</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$	<u>0.00</u>
8. Non-monetary contributions received this period .....		<u>0.00</u>
9. Total contributions received from previous statement .....	<i>Previous Summary Page, Line 10</i>	\$ <u>0.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	<i>Add Lines 7 + 8 + 9</i>	\$ <u>0.00</u>

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i>	\$	<u>105259.99</u>
12. Cash receipts this period .....	<i>Line 7 above</i>		<u>0.00</u>
13. Miscellaneous increases to cash .....		\$	<u>2087.02</u>
14. Cash expenditures this period .....	<i>Line 3 above</i>		<u>21026.07</u>
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	<u>86320.94</u>

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SHORT FORM  
**CALIFORNIA FORM 450**

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE  
Ocean View Teachers Association PAC

I.D. NUMBER  
942683

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
08/20/12	Gina Clayton-Tarvin 6562 Montoya Circle Huntington Bch CA 92647	candidate statement reimbursement	Gina Clayton-Tarvin local Ocean View School Board  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1060.00	Calendar Year \$ <u>0.00</u> Other \$ _____
08/24/12	CTA 1169 Mountain Ave. Norco, CA 92860	CTA phone banks membership data	Gina Clayton-Tarvin local Ocean View School Board  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	215.00	Calendar Year \$ <u>0.00</u> Other \$ _____
08/29/12	Nationwide Printing 111 West Dryer Rd. Suite AA Santa Ana, CA 92707	signs	Gina Clayton-Tarvin local Ocean View School Board  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	4285.00	Calendar Year \$ <u>0.00</u> Other \$ _____
<b>SUBTOTAL \$</b>				5560.00	

\* Required only for payments which are contributions or independent expenditures.

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I.D. NUMBER  
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NAME OF COMMITTEE

Ocean View Teachers Association PAC

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
09/04/12	Nationwide Printing 111 West Dryer Rd. Suite AA Santa Ana, CA 92707	signs	Prop 30 & 32  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	1870.00	Calendar Year \$ 0.00 Other \$
09/11/12	Continuing the Republican Revolution 1300 Bristol St. North Suite 100 Newport Beach CA 92660	slate mailers	OVSD School Board Candidate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	380.00	Calendar Year \$ 0.00 Other \$
09/11/12	Continuing the Republican Revolution 1300 Bristol St. North Suite 100 Newport Beach CA 92660	slate mailers	OVSD School Board Candidate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	380.00	Calendar Year \$ 0.00 Other \$
<b>SUBTOTAL \$</b>				<b>2630.00</b>	

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I.D. NUMBER  
**942683**

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

Ocean View Teachers Association PAC

**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
09/12/12	Election Digest 13701 Riverside Drive Suite 604 Sherman Oaks, CA 91423	slate mailers	OVSD School Board candidate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	885.00	Calendar Year \$ <u>0.00</u> Other \$ _____
09/12/12	Educate Your Vote 7904 Vista Guyaba Carlsbad CA 92009	slate mailers	OVSD School Board candidate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	620.00	Calendar Year \$ <u>0.00</u> Other \$ _____
09/12/12	Educate Your Vote 7904 Vista Guyaba Carlsbad CA 92009	slate mailers	OVSD School Board candidate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	620.00	Calendar Year \$ <u>0.00</u> Other \$ _____
<b>SUBTOTAL \$</b>				<b>2125.00</b>	

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**CALIFORNIA  
FORM 450**

Page 6 of 6

I.D. NUMBER  
**942683**

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NAME OF COMMITTEE

Ocean View Teachers Association PAC

**5. Payments Made** (if more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
09/12/12	Election Digest 13701 Riverside Drive Suite 604 Sherman Oaks, CA 91423	slate mailers	OVSD School Board candidate  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	885.00	Calendar Year \$ <u>0.00</u> Other \$ _____
09/28/12	Monaco Inc. 1011 S. Linwood Ave. Santa Ana, CA 92705	mailers	OVSD School Board candidate Gina Clayton-Tarvin  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.	9826.07	Calendar Year \$ <u>0.00</u> Other \$ _____
			  <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		Calendar Year \$ _____ Other \$ _____
<b>SUBTOTAL \$</b>				<b>10711.07</b>	

\* Required only for payments which are contributions or independent expenditures.

# Recipient Committee Campaign Statement – Short Form

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period  
 from 10/01/2012  
 through 10/20/2012

Date of election if applicable  
 (Month, Day, Year)  
11/06/2012

Date Stamp

FILED

OCT 24 2012

REGISTRAR OF VOTERS

CALIFORNIA FORM **450**

Page 1 of 3

ORIGINAL

For Official Use Only

## 1. Type of Recipient Committee:

- |  |   |
|--|---|
| <input type="checkbox"/> Ballot Measure Committee                          | <input checked="" type="checkbox"/> General Purpose Committee |
| <input type="radio"/> Primarily Formed                                     | <input type="radio"/> Sponsored                               |
| <input type="radio"/> Controlled   | <input type="radio"/> Small Contributor Committee             |
| <input type="radio"/> Sponsored  |   |
| <br>   |   |
| <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |   |

## 2. Type of Statement:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Pre-election Statement  | <input type="checkbox"/> Quarterly Statement                                   |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-year Report                               |
| <input type="checkbox"/> Termination Statement  | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <br>  |  |
| <input type="checkbox"/> Amendment (Explain) _____<br>(Also check type of statement you are amending) |  |

## 3. Committee Information

I.D. NUMBER  
942683

COMMITTEE NAME  
Ocean View Teachers Association PAC

STREET ADDRESS (NO P.O. BOX)  
20800 Beach Blvd., Suite 200

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Huntington Beach</u>	<u>CA</u>	<u>92648</u>	<u>(714) 536-6166</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Tansya Sanchez

MAILING ADDRESS  
20800 Beach Blvd., Suite 200

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Huntington Beach</u>	<u>CA</u>	<u>92648</u>	<u>(714) 536-6166</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. 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 10/21/12  
DATE

By Tansya Sanchez  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT



**Recipient Committee  
Campaign Statement  
Summary Page**

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SHORT FORM

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from 10/01/2012  
through 10/20/2012

**CALIFORNIA  
FORM 450**

Page 2 of 3

NAME OF COMMITTEE

Ocean View Teachers Association PAC

I.D. NUMBER

942683

**Expenditures Made**

1. Expenditures of \$100 or more made this period .....	\$	<u>1259.73</u>
2. Expenditures under \$100 made this period (Not itemized.) .....		<u>0.00</u>
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD .....	<i>Add Lines 1 + 2</i> \$	<u>1259.73</u>
4. Nonmonetary Adjustment .....	<i>From Line 8 Below</i>	<u>0.00</u>
5. Total expenditures made from previous statement .....	<i>Previous Summary Page, Line 6</i> \$	<u>21026.07</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
6. TOTAL EXPENDITURES MADE TO DATE .....	<i>Add Lines 3 + 4 + 5</i> \$	<u>22285.80</u>

**Contributions Received**

7. Monetary contributions received this period .....	\$	<u>0.00</u>
8. Non-monetary contributions received this period .....		<u>0.00</u>
9. Total contributions received from previous statement .....	<i>Previous Summary Page, Line 10</i> \$	<u>0.00</u>
<i>(If this is the first statement for the calendar year, enter zero.)</i>		
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE .....	<i>Add Lines 7 + 8 + 9</i> \$	<u>0.00</u>

**Current Cash Statement**

11. Beginning cash balance .....	<i>Previous Summary Page, Line 15</i> \$	<u>86320.94</u>
12. Cash receipts this period .....	<i>Line 7 above</i>	<u>0.00</u>
13. Miscellaneous increases to cash .....	\$	<u>0.00</u>
14. Cash expenditures this period .....	<i>Line 3 above</i>	<u>1259.73</u>
15. ENDING CASH BALANCE THIS PERIOD .....	<i>Add Lines 11 + 12 + 13, then subtract Line 14</i> \$	<u>85061.21</u>

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**CALIFORNIA  
FORM 450**

Page 3 of 3

I.D. NUMBER  
942683

SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

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**5. Payments Made** (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
10/02/12	Nationwide Printing 111 West Dryer Road Suite AA Santa Ana CA 92707	Printing Flyers		909.73	Calendar Year \$ 0.00 Other \$
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
10/03/12	Michael Koelsch 20800 Beach Blvd Suite 100 Huntington Beach CA 92649	Graphic Artist for Flyers		350.00	Calendar Year \$ 0.00 Other \$
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Ind. Exp.		
					Calendar Year \$ Other \$
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp.		
<b>SUBTOTAL \$</b>				1259.73	

\* Required only for payments which are contributions or independent expenditures.

**496 Independent Expenditure Report**

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

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM **496**  
For Official Use Only

NOV 06 2012

REGISTRAR OF VOTERS  
By *[Signature]* Deputy

**ORIGINAL**

**NAME OF FILER**  
Ocean View Teachers Association - PAC

**AREA CODE/PHONE NUMBER** 208 714) 536-6166     **I.D. NUMBER (if applicable)** 942683

**STREET ADDRESS**  
20800 Beach Blvd., Suite 200

**CITY** Huntington Beach     **STATE** CA     **ZIP CODE** 92648

**Date of This Filing** 11/05/12

**Report No.** \_\_\_\_\_

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 2

**1. List Only One Candidate or Ballot Measure**

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
Gina Clayton-Tarvin		X					
OVSD School Board							

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/25/12	The Half-tone Shop (mailer supporting Gina Clayton-Tarvin)	
10/26/12	Michael Koelsch (design for mailer)	

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

NOV. 6. 2012 3:25PM HOPE VIEW NO. 886 P. 2

**496 Independent Expenditure Report**

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA  
FORM **496**

NAME OF FILER \_\_\_\_\_

I.D. NUMBER (if applicable) \_\_\_\_\_

**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
		<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 _____%
		<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 (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (March 2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

NOV. 6. 2012 3: 25PM HOPE VIEW

NO. 886 P. 3