Late Independent Expenditure Report

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

NAME OF FILER				T	-		Date Stamp	NDENT EXPENDITO	
Clean Beaches Coalition				Date of This Fili	ng 10/25/04		CALIFORNIA FORM	496	
AREA CODE/PHONE NUMBER		I.D. NUMBI	I.D. NUMBER (if applicable)					For Official Us	
949-489-0502		122617	1226179			No	region expenses a second	i di dilidal da	. J
STREET ADDRESS									
24843 Del Prado Ste 262				Amer	rt No				
CITY		STATE ZIP CODE			(explain below)				
Dana Point		CA	92629		No. of Pages				
1. List Only One Cand	didate or Ballot Measur	е							
NAME OF CANDIDATE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED				
April O'Connor									
OFFICE SOUGHT OR HELD DIST		TRICT NO.	SUPPORT	OPPOSE	1	BALLOT NO./LETTER	JURISDICTION	SUPPOR	T OPPOSE
Dana Point City Council			×						
2. Independent Expen	ditures Made Attach addition	onal Informatio	on on appropri	iately labeled	continuation	on sheets.		•	
DATE	DESCRIPTION OF EXPENDITURE							AMOUNT	
10/25/04	Literature							3632.	50
		**							
Reason for Amendment:									

FPPC Form 496 (Jan/03) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772