

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Residents for Reform		Date of This Filing <u>10/14/2016</u>	RECEIVED Date Stamp CITY CLERK 16 OCT 17 AM 8:23 CITY OF COSTA MESA BY <u>Jasmine...</u>	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (714) 540-2295	I.D. NUMBER (if applicable) 1351756	Report No. <u>16-12</u>		
STREET ADDRESS 603 E Alton Ave STE G//555 N El Camino Real #A109		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Ana//San Clemente 92672	STATE CA	ZIP CODE 92705		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
				Measure AA			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
				AA	City of Costa Mesa		X

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/2016	LIT & POS Cumulative to date total \$5350.80	5,350.80

Reason for Amendment: _____
