496 Independent Expenditure Report

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

RECEIVED

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER: Residents for Reform	Date of This Filing: 10/16/2014	Date Stamp: OCT 16 PM 3:01 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 496
AREA CODE/PHONE NUMBER: (714)540-2295 / I.D. NUMBER (if applicable): 1351756	Report No. 14-13		For Official Use Only
STREET ADDRESS: 603 E Alton Ave STE H//PO BOX 26, Balboa Island 92662	☐ Amendment to Report No. _____ (explain below)		
CITY: Santa Ana / STATE: CA / ZIP CODE: 92705	No. of Pages: 1		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
Kevin Muldoon							
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
City Council Member: Newport Beach		X					

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/16/2014	CMP Cumulative to date total $1109.89	1,009.89

Reason for Amendment: _____