

Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER NEWPORT BEACH POLICE ASSOCIATION VOTER AWARENESS COMMITTEE		Date of This Filing 10/31/04	Date Stamp '04 NOV -1 18:48 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 581-4605	I.D. NUMBER (if applicable) 1222121	Report No. 2004-C		
STREET ADDRESS P.O. Box 9576		<input type="checkbox"/> Amendment to Report No. _____		
CITY NEWPORT BEACH CA	STATE CA	ZIP CODE 92658	No. of Pages 1	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
8/1/04 - 10/31/04	MEMBERSHIP PAC DUES RECEIVED	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$3,000
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		
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		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		

*Contributor Codes
 IND - Individual COM - Recipient Committee OTH - Other

FPPC Form 497 (8/99)
 For Technical Assistance: 916/322-6660
 State of California