nt Expenditure	Report		Amausta	ou les vous de décents de la constitue de	DEOCN/	ΞΓ)	
			Amounts m	Date of	Date Stamp	CALIFORNIA /	96
R	I.D. NUME	ER (if applicable)		inia i milg	MA 41 770 MOC	FORM C	1970)
			Report No496.JH.001	1840 AV. 1	For Official Use O	Inly	
STREET ADDRESS					VEILUE UE		
				☐ Amendment	THE MY CLES	<	
	STATE	ZIP CODE		(explain below)	CITY OF NEWPORT	ENCH	
	CA	92659		No. of Pages2	Civil		
ndidate or Ballot M	easure						
SUPPORTED OR OPPOSED	and the state of t	34 To Fee Port		NAME OF BALLOT MEASUR	RE SUPPORTED OR OPPOSED		NATION AND ADDRESS OF THE PARTY
LD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	LIURISDICTION		and distance and the second
ity Council	7	×			SOMODICTICIA	SUPPORT	OPPOSE
enditures Made Atta	ch additional inform	nation on app	ropriately lai	beled continuation sheets.			San James San James San
	A CONTRACTOR OF THE CONTRACTOR		AND DESCRIPTION OF THE PERSON		Market and the second state of the second se	AMOUNT	Part of the State
Full Page Print A	d & Flyers						527.46
25,000 City Coun	icil Candidate Fl	yers	erenne (On print 1994) varianten en en elemen			All to the subject of	858.60
Full Page Ad	THE CONTRACTOR OF THE CONTRACT	an da dalah kalabada kara da da					370.00
Aborted Mailer	trenin dang penggapan dalah kebuah kemulan angungkyasan sengah kebuah sejulah		h ettellistisch im Dien an Amerikansteile der Steuer gegenücke				162.50
	ndidate or Ballot M supported or Opposed ity Council enditures Made Atta Full Page Print A 25,000 City Cour	STATE CA I.D. NUMB 136913 STATE CA Indidate or Ballot Measure SUPPORTED OR OPPOSED Full Page Print Ad & Flyers 25,000 City Council Candidate Fl Full Page Ad	STATE ZIP CODE CA 92659 Indidate or Ballot Measure SUPPORTED OR OPPOSED Ity Council 7 X enditures Made Attach additional information on app Full Page Print Ad & Flyers Full Page Ad	STATE ZIP CODE CA 92659 Indidate or Ballot Measure SUPPORTED OR OPPOSED SITURD DISTRICT NO. SUPPORT OPPOSE SITURD Additional Information on appropriately lated to the post of the post	Amounts may be rounded to whole dollars. Date of This Filing	Amounts may be rounded to whole dollars. Date of This Filling	Amounts may be rounded to whole dollars. Date of This Filling

FPPC Form 496 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

496 Independent Expenditure Report

CALIFORNIA 496

NAME OF FILER	I.D. NUMBER (If applicable)
LINE IN TH SAND	, sppnadally
	1369133
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
09.27.2016	Jill Ayres	IND COM OTH PTY SCC	Homemaker	125.00	If loan, enter interest rate, if any %
10.01.2016	John Livingston	IND COM OTH PTY SCC	Self-Employed Travel Writer [Part-Time]	60.61	If loan, enter interest rate, if any ————————————————————————————————————
		IND COM OTH PTY SCC			If loan, enter interest rate, if any %
		IND COM OTH PTY SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any ————%
		IND COM OTH PTY 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 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov