496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER			Date of This Filing	Date Stamp	CALIFORNIA FORM 496
LINE IN THE SAND			10.21.2016	RECEIVED	For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*		Report No. 496.JH.002	2016 OCT 21 PM 2:34	
949.612.7521	1369133				
STREET ADDRESS			☐ Amendment to Report No. (explain below)	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
PO BOX 15725					
CITY	STATE	ZIP CODE	No. of Pages 1		
Newport Beach	CA	92659			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
JEFF HERDMAN							
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
Newport Beach City Council	5	X					

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10.15.2016	3,500 Printed Envelopes	488.39
10.15.2016	Reimbursement re 5,000 Copies of Endorsement	1,566.00
10.18.2016	Reimbursement re 3,500 First Class Stamps	822.50
10.19.2016	Complete Design for Two Newspaper Ads	150.00

Reason for Amendment: _____