

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT		Date of This Filing <u>10/12/2016</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1333021	Report No. <u>2</u>	City of San Clemente	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>	OCT 12 2016	
CITY	STATE	ZIP CODE	City Clerk Department	
[REDACTED]		No. of Pages <u>1</u>		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED DAN BANE/STEVE SWARTZ				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD CITY COUNCIL	DISTRICT NO. SAN CLEMEN	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/11/2016	POSTAGE/DELIVERY	2713.20

Reason for Amendment: _____