

501-S-28

496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER WATCHDOG FOR SAN CLEMENTE RESPONSIBLE GOVT - COMMITTEE		Date of This Filing <u>10/28/2014</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 63 VIA PICO PLAZA - STE. 113		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OCT 29 2014	
CITY SAN CLEMENTE	STATE CA	ZIP CODE 92672	No. of Pages <u>1</u>	City Clerk Department

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28/2014	VISA PO BOX 94014 PALATINE, IL 60604	1366.02
	SUBVENDOR: MAILING PROS INC 526 BUSINESS DRIVE, HUNTINGTON BCH, CA 92649	

Reason for Amendment: _____