

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Point of Friction		Date of This Filing <u>11/6/2024</u>	Date Stamp City of San Clemente	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable)	Report No. _____	NOV 06 2024	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	City Clerk Department	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Sarah Schneider				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD San Clemente City Council	DISTRICT NO. 4	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
10/21/2024	6X11 Postcard Mailer opposing Sara Schneider	\$1,831.62
10/21/2024	6X11 Postcard Mailer opposing Sara Scheider	\$1,243.76

Reason for Amendment _____
