

497 Contribution Report

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

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497 CONTRIBUTION REPORT

NAME OF FILER John V. Croul		Date of This Filing 11/10/2008	2008 NOV 12 PM 2:27 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949 548-0776	I.D. NUMBER (if applicable)	Report No. 4		
STREET ADDRESS 1901 Bayadere Terrace		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Corona Del Mar	STATE CA	ZIP CODE 92625		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
11/02/2008	Taxpayers for Safer Neighborhoods 32302 Camino Capistrano #214 San Juan Capistrano, CA 92675 #1271053		101,000	11/4/2008

Reason for Amendment: _____