

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

RECEIVED

Date Stamp

CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable: (Month, Day, Year) 11/02/04	<input type="checkbox"/> Amendment (Explain Below) _____ '04 _____
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SEP 29 18:48

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

1. Statement Covers Calendar Year 20 04 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

John B. Heffernan

STREET ADDRESS

26 Corporate Plaza Drive, Suite 100

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/DAYTIME PHONE NUMBER

(949) 640-4300

OPTIONAL: FAX / E-MAIL ADDRESS

(949) 721-1140

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City Council

JURISDICTION (LOCATION)

Newport Beach, CA

DISTRICT NUMBER
(IF APPLICABLE)

7

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
NONE - No Donations Accepted nor Expenditures Made		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____

Sept. 28, 2004

DATE

By _____

John B. Heffernan

SIGNATURE OF OFFICEHOLDER OR CANDIDATE