

**Late Contribution Report**

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

**RECEIVED**

LATE CONTRIBUTION REPORT

NAME OF FILER <b>HEFFERNAN FOR CITY COUNCIL</b>		Date of This Filing <b>Oct. 19, 2004</b>	Date Stamp <b>OCT 20 A8:46</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(949) 640-4300</b>	I.D. NUMBER (if applicable) <b>122 5220</b>	Report No. <b>1</b>		
STREET ADDRESS <b>26 CORPORATE PLAZA, #100</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
CITY <b>Newport Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92660</b>	No. of Pages <b>1</b>	<b>Faxed 10/19/04</b>

**Late Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
<b>Oct. 19, 2004</b>	<b>JOHN HEFFERNAN 26 CORPORATE PLAZA, #100 NEWPORT BEACH, CA 92660</b>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<b>CANDIDATE</b>	<b>\$5,000.00</b>  <input checked="" type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_