

# Late Independent Expenditure Report

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

NAME OF FILER  
*Newspapers for Responsible Government*

AREA CODE/PHONE NUMBER  
*949-955-2033*

I.D. NUMBER (if applicable)  
*1276401*

STREET ADDRESS  
*5020 Campus Dr.*

CITY  
*Newport Beach*

STATE  
*CA*

ZIP CODE  
*92663*

Date of This Filing *11-7-06*

Report No. *1*

Amendment to Report No. (explain below)

No. of Pages *2*

RECEIVED  
Date/Stamp  
*2006 NOV 13 AM 7:38*

OFFICE OF THE CITY CLERK  
CITY OF NEWPORT BEACH

CALIFORNIA FORM **496**  
For Official Use Only

## 1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED  
*Ottig, Martin*

OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE
<i>Council member</i>	<i>1, 7</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED  
*Measure X, Measure V*

BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
<i>X, V</i>	<i>Newport Beach</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<i>11/3/06</i>	<i>State Mailer Printing + Delivery</i>	<i>3,250</i>
<i>11/3/06</i>	<i>Print Ad in Newspaper</i>	<i>1,410</i>

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

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

*Reporters for Responsible Government*  
NAME OF FILER

**CALIFORNIA FORM 496**

I.D. NUMBER (if applicable)

*1276401*

### 3. Contributions of \$100 or More 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	INTEREST RATES
<i>11/2/06</i>	<i>Audrey Barnard</i> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired</i>	<i>5000</i>	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee