

Late Contribution Report

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

RECEIVED

LATE CONTRIBUTION REPORT

NAME OF FILER Residents for Yes on V, Major Funding by Hoag Hospital, a Community Healthcare Provider AREA CODE/PHONE NUMBER: 949-858-7448 I.D. NUMBER (if applicable): 1289607		Date of This Filing 11/08/2006 Report No. 10 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp: NOV -8 PM 3:26 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS 1821 Mariners Drive				
CITY Newport Beach, CA	STATE CA	ZIP CODE 92660		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/07/2006	No on Measure X (#1288161) [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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

Reason for Amendment: _____

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FPPC Form 497 (Jan/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

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PRESLEY&ASSOC

11/08/2006 16:39 FAX 9498586807