

001/001

PRESLEY&ASSOC

11/02/2006 19:28 FAX 9498586807

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

STREET ADDRESS
1821 Mariners Drive

CITY Newport Beach, CA **STATE** CA **ZIP CODE** 92660

Date of This Filing 11/02/2006

Report No. 6-2006

Amendment to Report No. (explain below)

No. of Pages 1

2006 NOV 3 AM 8

CALIFORNIA FORM **497**

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CITY OF NEWPORT BEACH

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
11/01/2006	Hoag Memorial Hospital Presbyterian One Hoag Drive P.O. Box 6100 Newport Beach, CA 92658-6100	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00
11/01/2006	WPT-Newport, LLC 3 Imperial Promenade, #550 Santa Ana, CA 92707	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00
		<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: _____