

Late Contribution Report

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

RECEIVED

NAME OF FILER Residents For Yes on V, Major Funding by Hoag Hospital, a Community Healthcare Provider		Date of This Filing 11/03/2006 Report No. 8 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1	2006 NOV 6 AM OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
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 92650		

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
11/03/2006	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		12,663.74
		<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: _____