

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Taxpayers for a Better Dana Point		Date of This Filing <u>10/25/04</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1248891	Report No. _____		
STREET ADDRESS 24843 Del Prado Ste 236		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Dana Point	STATE CA	ZIP CODE 92629	No. of Pages _____	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED April O'Connor				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Dana Point City Council	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/25/04	Literature	5570.00

Reason for Amendment: _____