Late Independ	ent Expenditure Rep	port	Amount	Type or pr s may be roun	int in ink. ded to whole dollars.	CITY CLIVED	DENT EXPENDITUR	RE REPORT
NAME OF FILER				Date o	of	Date Stamp	CALIFORNIA	1000
	yees Association Issues Comr			This F	iling10/15/2014	14 OCT 16 AM 8: 0	ALIFORNIA FORM	480
AREA CODE/PHONE NUMBER I.D. N		I.D. NUMBER (if a	I.D. NUMBER (if applicable)		t No. 153-41015		For Official Use	Only
(916) 556-1776 1323167		1323167		Repor	t No	CITY OF POSTA MESA		
STREET ADDRESS 1415 L St				☐ Am	endment	BY		
Ste 410				to Rep	ort No	/		
CITY STATE ZII			CODE			1/1		
Sacramento CA 95814			14	No. of	Pages	,,,,,		
1. List Only One Ca	ndidate or Ballot Measure							
NAME OF CANDIDATE SUPPORTED OR OPPOSED					NAME OF BALLOT MEASU	RE SUPPORTED OR OPPOSED		
					Proposed City Charter			
OFFICE SOUGHT OR HELD/DISTRICT NO. SU			PPORT OPE	POSE				OPPOSE
City					0	City of Costa Mesa		X
2. Independent Exp	enditures Made Attach a	dditional information	on appropriat	ely labeled conti		John October Wood	1	
DATE	DESCRIPTION OF EXPENDITURE						AMOUNT	
10/15/2014	MAILHOUSE		·/					200.00
1								289.90
				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
10/15/2014	PRINTING						,	1709.64
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Reason for Amendment: