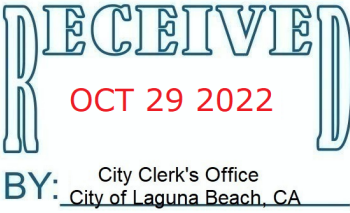


496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER BRUCE BERNSTEIN dba IN TOUCH SERVICES		Date of This Filing 10/28/2022	Date Stamp	CALIFORNIA FORM 496 For Official Use Only 
AREA CODE/PHONE NUMBER (949) 414-4588	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS P.O. BOX 1634		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY LAGUNA BEACH	STATE CA	ZIP CODE 92652-1634	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED MEASURE Q			
OFFICE SOUGHT OR HELD	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER Q	JURISDICTION	SUPPORT	OPPOSE

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2022	POLITICAL AD - Laguna Beach Independent	535.00
10/21/2022	POLITICAL AD - Laguna Beach Independent	535.00
10/28/2022	POLITICAL AD - Laguna Beach Independent	535.00

Reason for Amendment _____