

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Avery for City Council 2016		<b>Date of This Filing</b> 09/19/2016	<b>Date Stamp</b> 2016 SEP 19 PM 1:23	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (949) 945-8044	<b>I.D. NUMBER (if applicable)</b> 1387480	<b>Report No.</b> 16-6	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
<b>STREET ADDRESS</b> 120 Tustin Ave #C1060		<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>CITY</b> Newport Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 92663	<b>No. of Pages</b> 1	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET 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
09/19/2016	Paul Blank [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IT Urban Decay Cosmetics	1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/19/2016	Douglas West [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

Reason for Amendment: \_\_\_\_\_