

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      # 1367215      # \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      05/23/2014      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date qualified as committee      Date qualified as committee      Date of Termination  
 (If applicable)

Date Stamp <b>RECEIVED</b> 2014 JUN 20 AM 9:13 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	<b>CALIFORNIA FORM 410</b> For Official Use Only
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**1. Committee Information**

NAME OF COMMITTEE  
Duffy Duffield for City Council 2014

STREET ADDRESS (NO P.O. BOX)  
2001 West Coast Hwy

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach, CA		92663	949-645-6811

MAILING ADDRESS (IF DIFFERENT)  
603 E Alton Ave STE H  
Santa Ana, CA 92705

FAX / E-MAIL ADDRESS  
duffy@duffyboats.com/Lysaray.campaignservices@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	Orange

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Lysa Ray

STREET ADDRESS (NO P.O. BOX)  
603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana, CA		92705	714-540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COPY

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/11/2014 By [Signature]  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/11/2014 By [Signature]  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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