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STATUS Received

PAGES 1

DURATION 47

REMOTE CSID  
TIME RECEIVED August 25, 2014 10:49:25 AM PDT

# 497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Duffy Duffield for City Council 2014		Date of This Filing 08/25/2014	Date Stamp 2014 AUG 25 PM 12:48	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 645-6811	I.D. NUMBER (if applicable) 1367215	Report No. 14-8	OFFICE OF THE CITY CLERK NEWPORT BEACH	
STREET ADDRESS 2001 West Coast Hwy		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92663		No. of Pages 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
08/25/2014	Edwin Meserve	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate Self/Edwin Meserve	1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/25/2014	Bruce Ogilvie	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Super D	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

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

\*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

FPPC Form 497 (March/2011)  
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-3772)