

497 Contribution Report

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Buffy Duffield for City Council 2014			Date of This Filing 09/09/2014	Date Stamp 2014 SEP -9 PM 2:09	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER {949} 645-6811	I.D. NUMBER (if applicable) 1367215		Report No. 14-14		
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		

OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

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
09/09/2014	Byron Tarnutzer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Tarnutzer Companies	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
		<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: _____

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

STATUS
Received

PAGES
1

DURATION
47

REMOTE CSID

TIME RECEIVED
September 9, 2014 2:07:08 PM PDT