

**497 Contribution Report**

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

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Muldoon for NB City Council 2014		Date of This Filing 10/17/2014	Date Stamp OCT 20 AM 8:31	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 383-6045	I.D. NUMBER (if applicable) 1637652	Report No. 9	OFFICE OF THE CITY CLERK OF NEWPORT BEACH	
STREET ADDRESS 803 Amigos Way		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92660	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
10/17/2014	The Family Action PAC (#1225424)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00 <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

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: 866/ASK-FPPC (866/275-3772)

TIME RECEIVED  
October 17, 2014 3:39:21 PM PDT

INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY

REMOTE CSTD

DURATION 50

PAGES 1

STATUS Received