

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Newport Corporate Tower, LLC		Date of This Filing 09/12/2018	RECEIVED Date Stamp 2018 SEP 12 PM 2:48 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-644-6536	I.D. NUMBER (if applicable)	Report No. 1		
STREET ADDRESS 160 Greentree Drive, Ste. 101		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Dover	STATE DE	ZIP CODE 19904		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
09/12/2018	Taxpayers and Residents United for Newport Beach ID #1407487 <div></div>		15,000.00	

Reason for Amendment: _____