

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Duffy Duffield for City Council 2018			Date of This Filing <u>10/19/2018</u>	Date Stamp	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed 10/19/2018 10:26:05</p> <p style="color: red; margin: 5px 0 0 0;">Filing ID: 174346850</p> </div>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER <u>(949) 645-6811</u>	I.D. NUMBER (if applicable) <u>1367215</u>	Report No. <u>18-28</u>		For Official Use Only		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY <u>Newport Beach</u>	STATE <u>CA</u>	ZIP CODE <u>92663</u>	No. of Pages <u>1</u>			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/19/2018	Newport Mooring Assoc Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

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