**497 Contribution Report**

**NAME OF FILER**
Darcy Duffield for City Council 2014

**AREA CODE/PHONE NUMBER**
(949) 565-6111

**STREET ADDRESS**
2601 West Coast Hwy

**CITY**
Newport Beach

**STATE**
CA

**ZIP CODE**
92663

**Date of This Filing**
08/14/2014

**RECEIVED**
2014

**REPORT NO.**
14-2

**DATE STAMP**
2014

**CITY**
Newport Beach

**STATE**
CA

**ZIP CODE**
92663

**No. of Pages**
3

**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER NAME OF BUSINESS</th>
<th>AMOUNT RECEIVED</th>
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<td>08/14/2014</td>
<td>Richard Berg</td>
<td>X IND</td>
<td>Retired</td>
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<td>☐ Check if Loan</td>
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<td>Provide interest rate</td>
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*Contributor Codes*

- IND – Individual
- COM – Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

**Reason for Amendment:**

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# 497 Contribution Report

**NAME OF FILER:**
Duffy Duffyfield for City Council 2014

**AREA CODE/PHONE NUMBER:**
(949) 645-8811

**I.D. NUMBER (if applicable):**
3167215

**STREET ADDRESS:**
2001 West Coast Way

**CITY:**
Newport Beach

**STATE:**
CA

**ZIP CODE:**
92663

**Date of This Filing:** 08/14/2014

**Date Stamp:**

**Report No.**
34-4

**Amendment to Report No.**

**No. of Pages:** 3

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### 1. Contribution(s) Received

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<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
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<td>Spec O'Donnell Group</td>
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<td>08/14/2014</td>
<td>Stephen Silk</td>
<td>☑ IND</td>
<td>Senior Managing Director EastDel Secured</td>
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**Contributor Codes:**

- IND - Individual
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- SCC - Small Contributor Committee

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**Reason for Amendment:**

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# 497 Contribution Report

**NAME OF FILER**
Duffy Duffield for City Council 2014

**AREA CODE/PHONE NUMBER**
(949)645-6811

**STREET ADDRESS**
2001 West Coast Hwy

**CITY**
Newport Beach

**STATE**
CA

** ZIP CODE**
92663

**REPORT NO.**
14-4

**DATE OF THIS FILING**
08/14/2014

**DATE STAMP**
2014 AUG 14 PN

**NO. OF PAGES**
3

## 1. Contribution(s) Received

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<th>AMOUNT RECEIVED</th>
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Reason for Amendment:

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*Contributor Codes*
- IND - Individual
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PPCC Form 497 (March/2011)

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