497 Contribution Report

NAME OF FILER
Duffy Duffyfield for City Council 2014

AREA CODE/PHONE NUMBER 1D. NUMBER (if applicable)
(949) 645-6911 1367215

STREET ADDRESS
2001 West Coast Bay

CITY STATE ZIP CODE
Newport Beach CA 92663

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 (OR SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/03/2014</td>
<td>Diane Connolly</td>
<td>[X] IND</td>
<td>Retired</td>
<td>1,100.00</td>
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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

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