Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   X Officeholder, Candidate Controlled Committee
   O State Candidate Election Committee
   O Recall
   (Also Complete Part 5)
   O General Purpose Committee
   O Sponsored
   O Small Contributor Committee
   O Political Party/Central Committee

   □ Primarily Formed Ballot Measure Committee
   □ Controlled
   □ Sponsored
   (Also Complete Part 5)

   □ Primarily Formed Candidate/Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:
   □ Preliminary Statement
   □ Semi-annual Statement
   □ Quarterly Statement
   □ Special Odd-Year Report
   □ Supplemental Preliminary Statement - Attach Form 495
   □ Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1367215

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Duffy Duffield for City Council 2018

   STREET ADDRESS (NO P.O. BOX)
   2001 West Coast Hwy
   Newport Beach, CA 92663

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   603 E Alton Ave STE G
   City
   CA 92705

   OPTIONAL: FAX / E-MAIL ADDRESS
   duffy@duffyboats.com/lysaay.campaignservices@gmail.com

4. Verification
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 07/15/2015
   Date

   Executed on 07/15/2015
   Date

   Executed on
   Date

   Executed on
   Date

   By
   signatures of Treasurer or Assistant Treasurer

   By
   signatures of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   signatures of Controlling Officeholder, Candidate, State Measure Proponent

   By
   signatures of Controlling Officeholder, Candidate, State Measure Proponent

   FPPC Form 460 (January/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
   State of California
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

Marshall Duffy Duffield

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

City Council Member: City of Newport Beach District 3

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

2531 Vista Dr

**CITY**

Newport Beach

**STATE**

CA

**ZIP**

92663

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPEARANT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
# Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received ........................................................ Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ............................... Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions ....................................... Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ............................. Add Lines 3 + 4 $ 0.00 $ 0.00

# Expenditures Made

6. Payments Made ..................................................... Schedule E, Line 4 $ 5,550.00 $ 5,550.00
7. Loans Made ........................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ...................................... Add Lines 6 + 7 $ 5,550.00 $ 5,550.00
9. Accrued Expenses (Unpaid Bills) ............................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment .......................................... Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ................................... Add Lines 8 + 9 + 10 $ 5,550.00 $ 5,550.00

# Current Cash Statement

12. Beginning Cash Balance ........................................... Previous Summary Page, Line 16 $ 26,486.36
13. Cash Receipts ....................................................... Column A, Line 3 above $ 0.00
14. Miscellaneous Increases to Cash ............................... Schedule I, Line 4 $ 5,220.00
15. Cash Payments ....................................................... Column A, Line 8 above $ 5,550.00
16. ENDING CASH BALANCE ....................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 26,156.36

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED ................................. Schedule B, Part 2 $ 0.00

# Cash Equivalents and Outstanding Debts

18. Cash Equivalents ................................................... See instructions on reverse $ 0.00
19. Outstanding Debts .................................................. Add Line 2 + Line 9 in Column B above $ 0.00
## Schedule E
### Payments Made

**NAME OF FILER**

Duffy Duffield for City Council 2018

### CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PEO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 5,500.00
2. Unitemized payments made this period of under $100 .......................................................... $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................................................. TOTAL $ 5,550.00

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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**NAME AND ADDRESS OF PAYEE**

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lysa Ray Campaign Services 603 E Alton Ave STE H Santa Ana, CA  92705</td>
<td>PRO</td>
<td>PRO</td>
<td>250.00</td>
</tr>
<tr>
<td>Lysa Ray Campaign Services 603 E Alton Ave STE H Santa Ana, CA  92705</td>
<td>PRO</td>
<td>PRO</td>
<td>250.00</td>
</tr>
<tr>
<td>Neighborhood Preservation Coalition (ID# 1368498) 603 E Alton Ave STE H Santa Ana, CA  92705</td>
<td>LIT</td>
<td>LIT</td>
<td>5,000.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 5,500.00**
## Schedule I Summary

1. Itemized increases to cash this period. ........................................... $ 5,220.00
2. Unitemized increases to cash of under $100 this period. ......................... $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .................. $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).......................... TOTAL $ 5,220.00

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### Schedule I

**Miscellaneous Increases to Cash**

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

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name and Address of Source</th>
<th>Description of Receipt</th>
<th>Amount of Increase to Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/27/2015</td>
<td>Atlas PAC (ID# 1279586) 2150 River Plaza Drive, Suite 150 Sacramento, CA 95833</td>
<td>Check Voided</td>
<td>5,000.00</td>
</tr>
<tr>
<td>04/20/2015</td>
<td>Surfrider Spirit Sessions 45–955 Kamehameha Hwy #206 Kaneohe, HI 96744</td>
<td>Check voided</td>
<td>220.00</td>
</tr>
</tbody>
</table>

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**Statement covers period**

from 01/01/2015 through 06/30/2015

**Page 5 of 5**

**I.D. Number:** 1367215

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Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 5,220.00

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**FPPC Form 460 (January/05)**

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)

www.netfile.com