

**Officeholder and Candidate
Campaign Statement -
Short Form**

Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>	<input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/>
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Date Stamp RECEIVED 2015 DEC -9 PM 1:58 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 15.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Keith D. Curry

STREET ADDRESS
40 Vienna

CITY STATE ZIP CODE
Newport Beach CA 92660

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
949-644-0800

3. Office Sought or Held

OFFICE SOUGHT OR HELD
City Council Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
City of Newport Beach 7

4. Committee Information


List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Curry for Newport Beach Council 2012 ID #1282508	40 Vienna Newport Beach, CA 92660	Lysa Ray 603 E. Alton Avenue, Suite G Santa Ana, CA 92705

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/9/15 DATE

By  SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form