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

STATEMENT COVERS PERIOD
from 01/01/2016 through 06/30/2016

DATE OF ELECTION IF APPLICABLE:
(Month, Day, Year)
11/06/2018

1. TYPE OF RECIPIENT COMMITTEE:
   All Committees – Complete Parts 1, 2, 3, and 4.
   [X] Officeholder, Candidate Controlled Committee
   [ ] State Candidate Election Committee
   [ ] Recall
      (Also Complete Part 5)
   [ ] General Purpose Committee
     [ ] Sponsored
     [ ] Small Contributors Committee
     [ ] Political Party/Central Committee
   [ ] Primarily Formed Ballot Measure
      Committee
   [ ] Controlled
      (Also Complete Part 5)
   [ ] Primarily Formed Candidate/
      Officeholder Committee
      (Also Complete Part 7)
   [ ] Quarterly Statement
   [ ] Special Odd-Year Report
   [ ] Supplemental Preélection
      Statement - Attach Form 495
   [ ] Amendment (Explain below)

2. TYPE OF STATEMENT:
   [ ] Preélection Statement
   [ ] Semi-annual Statement
   [X] Termination Statement
      (Also file a Form 410 Termination)

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
   CITY
   Newport Beach
   STATE
   CA
   ZIP CODE
   92663
   AREA CODE/PHONE
   (949) 645-6811

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   603 E Alton Ave STE G
   CITY
   Santa Ana
   STATE
   CA
   ZIP CODE
   92705
   AREA CODE/PHONE
   (714) 540-2295

   NAME OF TREASURER
   Lyssa Ray

   MAILING ADDRESS
   603 E Alton Ave STE G
   CITY
   Santa Ana
   STATE
   CA
   ZIP CODE
   92705
   AREA CODE/PHONE
   (714) 540-2295

   NAME OF ASSISTANT TREASURER, IF ANY
   Mailing Address
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   duffy@duffyboats.com/lyssaray.campaigenseservices@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 07/19/2016
   Date

   By
   Signature of Treasurer or Assistant Treasurer

   Executed on 07/19/2016
   Date

   By
   Signature of Controlling Organization, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   Date

   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   www.netfile.com

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marshall Duffy Duffield</td>
<td>City Council Member; City of Newport Beach District 3</td>
</tr>
<tr>
<td>Residential/Business Address (No. and Street)</td>
<td>City</td>
</tr>
<tr>
<td>2531 Vista Dr</td>
<td>Newport Beach</td>
</tr>
</tbody>
</table>

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>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent |
| 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>
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<td></td>
<td>OPPOSE</td>
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</tbody>
</table>

Attach continuation sheets if necessary.
### Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3 $3,900.00
2. Loans Received
   - Schedule B, Line 3 $0.00
3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2 $3,900.00
4. Nonmonetary Contributions
   - Schedule C, Line 3 $0.00
5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4 $3,900.00

### Expenditures Made

6. Payments Made
   - Schedule E, Line 4 $564.73
7. Loans Made
   - Schedule H, Line 3 $0.00
8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7 $564.73
9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3 $0.00
10. Nonmonetary Adjustment
    - Schedule C, Line 3 $0.00
11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10 $564.73

### Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16 $25,446.86
13. Cash Receipts
    - Column A, Line 3 above $3,900.00
14. Miscellaneous Increases to Cash
    - Schedule I, Line 4 $0.00
15. Cash Payments
    - Column A, Line 8 above $564.73
16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15 $28,782.13

#### If this is a termination balance, Line 16 must be zero.

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

---

**Statement covers period**

- **from**: 01/01/2016
- **through**: 06/30/2016

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**Calendar Year Summary for Candidates**

**Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th>20. Contributions Received</th>
<th>21. Expenditures Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ _____________________</td>
<td>$ ___________________</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. **Cumulative Expenditures Made** *(If Subject to Voluntary Expenditure Limit)*

- **Date of Election** (mm/dd/yy)
- **Total to Date** $ __________

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*Amounts in this section may be different from amounts reported in Column B.*

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### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ................................................................. $ 3,900.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $ 0.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 3,900.00

---

**Contribution Codes**

- IND – Individual
- COM – Recipient Committee (other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee
<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 (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/27/2016</td>
<td>Robert Friedman</td>
<td>☑ IND</td>
<td>chairman auction.com</td>
<td>500.00</td>
<td>500.00</td>
<td>62018</td>
</tr>
<tr>
<td>04/27/2016</td>
<td>Law Offices of Peter Gyben</td>
<td>☐ IND</td>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td>62018</td>
</tr>
<tr>
<td>04/27/2016</td>
<td>MCA Realty, INC</td>
<td>☐ IND</td>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td>62018</td>
</tr>
<tr>
<td>04/27/2016</td>
<td>Salisbury Law Group/ Property Group</td>
<td>☑ IND</td>
<td></td>
<td>200.00</td>
<td>200.00</td>
<td>62018</td>
</tr>
<tr>
<td>04/27/2016</td>
<td>The Law Offices of Patrick B Strader, P.C</td>
<td>☑ IND</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td>62018</td>
</tr>
</tbody>
</table>

**SUBTOTAL:** $1,400.00

*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
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME</th>
<th>STREET ADDRESS AND ZIP CODE</th>
<th>CONTRIBUTOR CODE</th>
<th>OCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>PER ELECTION TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/13/2016</td>
<td>Thomas Tucker</td>
<td></td>
<td>X IND</td>
<td>Owner Penhill Land Co</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td>02/18</td>
</tr>
<tr>
<td>04/27/2016</td>
<td>Jani Wilson</td>
<td></td>
<td>X IND</td>
<td>Co owner Balboa Saloon</td>
<td>100.00</td>
<td>100.00</td>
<td>02/18</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 1,100.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
# Schedule E Payments Made

**Amounts may be rounded to whole dollars.**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 01/01/2016</td>
<td>SCHEDULE E</td>
</tr>
<tr>
<td>through 06/30/2016</td>
<td></td>
</tr>
<tr>
<td>Page 7 of 7</td>
<td>I.D. NUMBER 1367215</td>
</tr>
</tbody>
</table>

**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.

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

<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</td>
<td>PRO</td>
<td></td>
<td>95.00</td>
</tr>
<tr>
<td>603 E Alton Ave STE G</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Ana, CA 92705</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRO</td>
<td></td>
<td>250.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange County Republican Party</td>
<td>CMP</td>
<td></td>
<td>100.00</td>
</tr>
<tr>
<td>1422 Edinger Suite 110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tustin, CA 92780</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 445.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................. $ 445.00
2. Unitemized payments made this period of under $100 ......................................................... $ 119.73
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 $ 564.73

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