## **497 Contribution Report**

NAME OF FILER

Amounts may be rounded to whole dollars.

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Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER	Date of		Date Stamp CALIE	CALIFORNIA 107		
Avery for City Council 201	1.6	This Filing	08/17/2016		CALIFORNIA 497	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)			Fo	For Official Use Only	
(949) 945-8044 1387480		Report No. 16-4		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH		
STREET ADDRESS		☐ Amendment to Report No.		THE CITY CLERK		
120 Tustin Ave #C1060				CHY OF NEWPORE BEACH		
CITY	STATE ZIP CODE					
Newport Beach	CA 92663	No. of Pages	1		-	
1. Contribution(s) Reco	eived					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTI	RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) RECEIVED		
08/17/2016 Mary Lynn	Bergman-Rallis		X IND □ COM	Retired	1,100.00	
			OTH PTY		☐ Check if Loan	
			□ scc		Provide interest rate	
08/17/2016 John Rall:	is		X IND	Retired	1,100.00	
		·	COM OTH PTY SCC		☐ Check if Loan	
					Provide interest rate	
08/17/2016 David Team	n		IND     COM     OTH     PTY     SCC	CEO Waypoint Property Group	1,100.00  Check if Loan  Provide interest rate	
			•			
Reason for Amendment:				*Contributor Codes  IND – Individual  COM – Recipient Committee (of OTH – Other (e.g., business er PTY – Political Party  SCC – Small Contributor Committee	ntity)	