

# Late Contribution Report

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

RECEIVED

<b>NAME OF FILER</b> Republican Party of Orange County (State Acct.)		<b>Date of This Filing</b> 10/30/2008	Date Stamp 2008 OCT 31 AM 8:39 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH 1/2	CALIFORNIA FORM 497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (714) 556-8555	<b>I.D. NUMBER (if applicable)</b> 742088	<b>Report No.</b> 20081030-5819971		
<b>STREET ADDRESS</b> 1800 W Katella Avenue Suite 210		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Orange	<b>STATE</b> CA	<b>ZIP CODE</b> 92867-3444	<b>No. of Pages</b> 2	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (June/01)  
 Date Stamp FPPC Toll-Free Helpline: 866/ASK-FPPC

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Type or print in ink.  
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LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Republican Party of Orange County (State Acct.)		<b>Date of This Filing</b> _____	2/2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER</b> (if applicable) 742088	<b>Report No.</b> _____		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
<b>No. of Pages</b> _____				

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/30/2008 	Mr. Keith Curry- Membership Communication 24 Rockingham Drive  Newport Beach CA 92660-4218 ID:	Mr. Keith Curry- Membership Communication City Council Member  City Newport Beach Ballot: Dist:	8891.90	11/04/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_