

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Fred Ameri for City Council 2016		<b>Date of This Filing</b> 09/22/2016	Date Stamp 2016 SEP 22 PM 1:	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (949) 683-2311	<b>I.D. NUMBER (if applicable)</b> 1380295	<b>Report No.</b> 2016-4		
<b>STREET ADDRESS</b> 33 Monaco		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
<b>CITY</b> Newport Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 92660		

**1. Contribution(s) Received**

DATE RECEIVED	FULL NAME, STREET 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
09/22/2016	Fred M. Ameri [Redacted] Loan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	100,000.00  <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

\*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

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