

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Herdman for City Council, 2016		<b>Date of This Filing</b> <u>9/24/2016</u>	Date Stamp: <b>RECEIVED</b> <b>CALIFORNIA FORM 497</b> For Official Use Only 2016 SEP 26 AM 8:17 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH
<b>AREA CODE/PHONE NUMBER</b> 949-922-3594	<b>I.D. NUMBER (if applicable)</b> 1381208	<b>Report No.</b> <u>1 (497)</u>	
<b>STREET ADDRESS</b> 219 Abalone Avenue		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Newport Beach, CA	<b>STATE</b> CA	<b>ZIP CODE</b> 92662	<b>No. of Pages</b> <u>1</u>

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
9/23/2016	Mr. Lawrence T. Houston 20101 SW Birch, Suite 130 G Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investment Manager Self Employed (CLU & CLTC)	\$1,000- <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
		<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

Reason for Amendment: N/A

**\*\*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