

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Herdman for City Council, 2016		Date of This Filing <u>10/4/2016</u>	Date Stamp RECEIVED 2016 OCT -4 AM 10:06 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-922-3594	I.D. NUMBER (if applicable) 1381208	Report No. <u>2 - (497)</u>		
STREET ADDRESS 219 Abalone Avenue		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Newport Beach, CA	STATE CA	ZIP CODE 92662	No. of Pages <u>1</u>	

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
11/16/15 (\$500)	Paul Blank	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IT Executive Urban Decay Cosmetics	\$1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/03/16 (\$600)	[REDACTED]	<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