

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

Date of election if applicable:  
(Month, Day, Year)  
  
11/06/2012

**Amendment** (Explain Below)

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OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

**CALIFORNIA  
FORM 470**

For Official Use Only

1. Statement Covers Calendar Year 20 16.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Keith D. Curry

STREET ADDRESS

40 Vienna

CITY

Newport Beach

STATE

CA

ZIP CODE

92660

AREA CODE/DAYTIME PHONE NUMBER

949-644-0800

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

City Council Member

JURISDICTION (LOCATION)

City of Newport Beach

DISTRICT NUMBER  
(IF APPLICABLE)

7

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Curry for Newport Beach Council 2012 ID #1282508	40 Vienna Newport Beach, CA 92660	Lysa Ray 603 E. Alton Avenue, Suite G Santa Ana, CA 92705

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Nov 21, 2016  
DATE

By *Keith D. Curry*  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form