Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.9)

SEE INSTRUCTIONS ON REVERSE

1. **Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] Officerholder, Candidate Controlled Committee
   - Recall
     (Also Complete Part 9)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)
   - Primarily Formed Candidate Committee

2. **Type of Statement:**
   - [X] Semi-annual Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Preelection Statement - Attach Form 495
   - Amendment (Explain below)

3. **Committee Information**
   - **I.D. NUMBER:** 1357215
   - **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):** Duffy Duffield for City Council 2018
   - **STREET ADDRESS (NO P.O. BOX):** 2001 West Coast Hwy
   - **CITY:** Newport Beach
   - **STATE:** CA
   - **ZIP CODE:** 92663
   - **AREA CODE/PHONE:** (949) 645-9811
   - **MAILING ADDRESS:** 603 E Alton Ave STE G
   - **CITY:** Santa Ana
   - **STATE:** CA
   - **ZIP CODE:** 92705
   - **AREA CODE/PHONE:** (714) 540-2295
   - **NAME OF TREASURER:** Lysa Ray
   - **MAILING ADDRESS:** 603 E Alton Ave STE G
   - **CITY:** Santa Ana
   - **STATE:** CA
   - **ZIP CODE:** 92705
   - **AREA CODE/PHONE:** (714) 540-2295
   - **NAME OF ASSISTANT TREASURER, IF ANY:**
   - **MAILING ADDRESS:**
   - **CITY:**
   - **STATE:**
   - **ZIP CODE:**
   - **AREA CODE/PHONE:**
   - **OPTIONAL: FAX / E-MAIL ADDRESS:**
     duffy@duffyboats.com/lysaray.campaignservices@gmail.com

4. **Verification**
   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   **Executed on:** 01/15/2018
   **Date:**

   **Executed on:** 01/15/2018
   **Date:**

   **Executed on:**
   **Date:**

   **Executed on:**
   **Date:**

   **By:**
   **Signature of Treasurer or Assistant Treasurer:**

   **By:**
   **Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor:**

   **By:**
   **Signature of Controlling Officerholder, Candidate, State Measure Proponent:**

   **By:**
   **Signature of Controlling Officerholder, Candidate, State Measure Proponent:**

   **FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov**
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Marshall Duffy Duffield

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, City of Newport Beach District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  CITY  STATE  ZIP

2531 Vista Dr  Newport Beach  CA  92663

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
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<td></td>
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<td>□ YES  □ NO</td>
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER  JURISDICTION  □ SUPPORT  □ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
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Attach continuation sheets if necessary

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### Contributions Received

1. Monetary Contributions
   - Schedule A, Line 3
   - \$ \_

2. Loans Received
   - Schedule B, Line 3
   - \$ 0.00

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - \$ 0.00

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - \$ 0.00

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - \$ 0.00

### Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - \$ 105.00

7. Loans Made
   - Schedule H, Line 3
   - \$ 0.00

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - \$ 105.00

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - \$ 0.00

10. Nonmonetary Adjustment
    - Schedule G, Line 3
    - \$ 0.00

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - \$ 105.00

### Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - \$ 22,132.03

13. Cash Receipts
    - Column A, Line 3 above
    - \$ 0.00

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - \$ 0.00

15. Cash Payments
    - Column A, Line 9 above
    - \$ 105.00

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - \$ 22,023.03

- **To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).**

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse
    - \$ 0.00

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above
    - \$ 0.00

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**FPPC Form 460 (Jan/2016)**

**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)

**www.fppc.ca.gov**

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**SUMMARY PAGE**

**STATEMENT COVERING PERIOD**

- **from:** 07/01/2017
- **through:** 12/31/2017

**CALIFORNIA FORM 460**

**NAME OF FILER:**

Duffy Duffield for City Council 2018

**I.D. NUMBER:**

1367215

**EXPERIMENTATION DATA**

**CANDIDATE:**

**CALIFORNIA FORM 460**

**SUMMARY PAGE**

**STATEMENT COVERING PERIOD**

- **from:** 07/01/2017
- **through:** 12/31/2017

**CALIFORNIA FORM 460**

**NAME OF FILER:**

Duffy Duffield for City Council 2018

**I.D. NUMBER:**

1367215

**EXPERIMENTATION DATA**

**CANDIDATE:**
Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from ___/___/___ through ___/___/___

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PBO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS state/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lysa Ray Campaign Services</td>
<td>PRO</td>
<td>PRO</td>
<td>100.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 100.00
2. Unitized payments made this period of under $100 $ 5.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 109.00