

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Scott Peotter for City Council 2018		Date of This Filing 08/21/2018	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 250-7118	I.D. NUMBER (if applicable) 1364694	Report No. 18-1	E-Filed 08/21/2018 09:10:33 Filing ID: 173258480	
STREET ADDRESS		☒ Amendment to Report No. 18-1 (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 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
08/08/2018	Kathalleyne McCullough Costa Mesa, CA 92626	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	1,100.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

Reason for Amendment: Donor name updated

*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