497 Contribution Report

Amounts may be rounded to whole dollars.

							49700	ONTRIBUTION REPOR	
NAME OF FILER Duffy Duffield for City Council 2018				Date of		Date Stamp	CALIFO	DRNIA 107	
				This Filing _	08/20/2018			FORM 497	
AREA CODE/PHONE NUMBER (949)645-6811		I.D. NUMBER (if applicable)		Report No. ¹⁸⁻¹		E-Filed 08/20/2018	For Official Use Only		
STREET ADDRESS			☐ Amendment to Report No.		08:37:35 Filing ID: 173238771				
CITY		STATE ZIP CODE		(explain below)					
Newport Beach		CA	92663	No. of Pages	1				
1. Contributi	on(s) Received								
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND E (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED		
08/20/2018	Allyson Presta Newport Beach, CA 92660				X IND □ COM	Property Management Self		1,100.0	
					OTH PTY			☐ Check if Loan	
					SCC			Provide interest rate	
08/20/2018	Ron Presta Newport Beach, CA 92660				X IND	Investor Ron Presta Properties		1,100.0	
					☐ OTH ☐ PTY			☐ Check if Loan	
					SCC			Provide interest rate	
					☐ IND☐ COM☐ OTH☐ PTY			☐ Check if Loan	
					scc			Provide interest rate	
						*Contributor Codes			
Reason for Amer	dment:					COM – Recipient COTH – Other (e.g., PTY – Political Parl SCC – Small Contri	, business ent ty		
						COO OMAN CONTRA	ibator Committe		