107 Contribution Papart

497 Contribution	Report	Amounts may be rounded to wh	ole dollars.	497 CONTRIBUTION REPORT		
NAME OF FILER		Date of		Date Stamp	CALIFORNIA 107	
Diane Dixon for City	Council 2018	This Filing	09/22/2018		FORM 497	
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)				For Official Use Only	
(949)287-9211	1362246	Report No. 18	-6	E-Filed 09/22/2018 11:49:15		
STREET ADDRESS	·	☐ Amendmer to Report No.		Filing ID: 173809793		
CITY	STATE ZIF	P CODE (explain below)				
Newport Beach	CA 9	No. of Pages	1			
1. Contribution(s)	Received					
DATE	FULL NAME, STREET ADDRESS AND ZIP		CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EN	MPLOYER AMOUNT	

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
09/22/2018	Wade Cable Newport Beach, CA 92660	X IND COM OTH PTY SCC	Retired	1,000.00 Check if Loan ** Provide interest rate*
09/22/2018	Gary Grant Park City, UT 84098		Partner Coloneal Apartments	1,000.00 Check if Loan **Reprovide interest rate**
09/22/2018	RSD Lake Forest, CA 92630	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1,000.00 Check if Loan ** Provide interest rate*

Reason for Amendment: _

*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