**1. Contribution(s) Received**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/22/2018</td>
<td>Sherman Stacey, Corona Del Mar, CA 92625</td>
<td>X IND</td>
<td>Lawyer Gaines &amp; Stacey</td>
<td>1,100.00</td>
</tr>
</tbody>
</table>

*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

Reason for Amendment: ________________________________________________________________

---

**497 Contribution Report**

Amounts may be rounded to whole dollars.

**NAME OF FILER**
Duffy Duffield for City Council 2018

**AREA CODE/PHONE NUMBER**
(949) 645–6811

**I.D. NUMBER (if applicable)**
1367215

**STREET ADDRESS**

**CITY**
Newport Beach

**STATE**
CA

**ZIP CODE**
92663

**DATE RECEIVED**
09/22/2018

**FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR**
Sherman Stacey, Corona Del Mar, CA 92625

**CONTRIBUTOR CODE ***
X IND

**IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER**
Lawyer Gaines & Stacey

**AMOUNT RECEIVED**
1,100.00

**Check if Loan**
☐

**Provide interest rate**

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**Date Stamp**
09/22/2018 12:15:51

**Filing ID:**
173809984