**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 of This Filing**
10/19/2018

**Report No.**
18–28

1. **Contribution(s) Received**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor (If Committee, Also Enter I.D. Number)</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>10/19/2018</td>
<td>Newport Mooring Assoc Newport Beach, CA 92660</td>
<td>□ IND</td>
<td>□ Check if Loan</td>
<td>1,100.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
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<td></td>
<td>□ OTH</td>
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<td>□ PTY</td>
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<td>□ SCC</td>
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<tr>
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<td></td>
<td>□ Check if Loan</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide interest rate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Amendment:**

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*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