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# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER Duffy Duffield for City Council 2014			Date of This Filing 09/09/2014	<b>RECEIVED</b> Date Stamp 2014 SEP -9 AM 10:29 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	497 CONTRIBUTION REPORT <b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER {949}645-6811	I.D. NUMBER (if applicable) 1367235		Report No. 14-13		For Official Use Only
STREET ADDRESS 2001 West Coast Hwy			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92663	No. of Pages 1		

## 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
09/09/2014	Joseph McKay	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Self/Joseph McKay	1,100.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/09/2014	Susan Riddle	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Flight Attendant American Airlines	1,100.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> 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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)