## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

	-		7			_	497 C0	ONTRIBUTION REPORT	
NAME OF FILER  Duffy Duffield for City Council 2018				Date of This Filing 10/10/2018		Date Stamp	CALIFO	CALIFORNIA 497	
							FOF		
		I.D. NUMBER (if applicab	NUMBER (if applicable)			E-Filed	For	For Official Use Only	
		1367215		Report No. 18-24		10/10/2018			
STREET ADDRESS						13:42:45			
				☐ Amendme to Report No.		Filing ID: 174187434			
CITY		STATE	ZIP CODE	(explain below)					
Newport Beach		CA	92663	No. of Pages	2				
1. Contributi	on(s) Received			·		_			
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF			ND ZIP CODE OF CONTRI	BUTOR CONTRIBUTOR		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER		AMOUNT	
RECEIVED		(IF COMMITTEE, ALSO			CODE *	(IF SELF-EMPLOYED, ENTER NAME	RECEIVED		
10/10/2018	William Anderson Newport Beach, CA 92663					Real Estate Broker Coldwell Banker		1,000.00	
					☐ OTH ☐ PTY			☐ Check if Loan	
					□ scc			% Provide interest rate	
10/10/2018	Brett Bashaw Newport Beach, CA	92661			X IND □ COM	President Silver Creek		1,100.00	
					☐ OTH ☐ PTY			☐ Check if Loan	
					□ scc			% Provide interest rate	
10/10/2018	Sandi Hill Newport Beach, CA	92663			X IND	Homemaker		1,100.00	
					COM OTH PTY	OTH PTY		☐ Check if Loan	
					SCC			Provide interest rate	
						*Contributor Code	S		
				IND – Individual  COM – Recipient Committee (other tha		ner than PTY or SCC)			
						OTH – Other (e.g.	., business ent		
Reason for Amer	ndment:					PTY – Political Par SCC – Small Contr		tee	

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## **497 Contribution Report**

## Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER  Duffy Duffield for City Council 2018				Date of This Filing	10/10/2018	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No. 18	-24		For	Official Use Only
(949)645-6811 1367215				Report No.				
STREET ADDRESS				☐ Amendment to Report No				
CITY		STATE	ZIP CODE	(explain below)  No. of Pages	2			
Newport Beach		CA	92663	No. of Fages				
1. Contributio	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/10/2018	Ragco Newport Beach, CA	92660			☐ IND ☐ COM			1,000.00
					◯ OTH ☐ PTY			☐ Check if Loan
					□ scc			Provide interest rate
10/10/2018	Susan Riddle					Flight Attendant		1,100.00
	Newport Beach, CA	92662				American Airlines		☐ Check if Loan
								Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
								Provide interest rate
Reason for Amend	lment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)