Type or print in ink. **497 Contribution Report** Amounts may be rounded to whole dollars. 497 CONTRIBUTION REPORT NAME OF FILER Date Stamp **CALIFORNIA** Date of 9/10/14 Scott Peotter for City Council 2014 This Filing **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only 2 Report No. 949-250-7118 1364694 STREET ADDRESS ☐ Amendment 2618 San Miguel Drive, Suite 535 to Report No. (explain below) STATE ZIP CODE No. of Pages CA 92660 **Newport Beach** 1. Contribution(s) Received IF AN INDIVIDUAL, DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR AMOUNT ENTER OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE * RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Susan Riddle Flight Attendant **⊠** IND 9/9/14 1,100.00 American Airlines □ сом □ отн ☐ Check if Loan ☐ PTY SCC Provide interest rate ☐ IND □ сом □ отн ☐ Check if Loan ☐ PTY □ scc Provide interest rate COM OTH ☐ Check if Loan □ PTY □ scc 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