## **497 Contribution Report**

Amounts may be rounded to whole dollars.



497 CONTRIBUTION REPORT

NAME OF FILER				**************************************		5-4-81	NAMES OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	DIVINIDUTION REPORT
				Date of	00/14/20167016	SEP 14 PM 3: 00	CALIFO	RNIA 497
Lowrey for City Council 2016				This Filing _	09/14/2016£		FOR	M HOL
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)					OTEROS OF	For	Official Use Only	
(949) 478-3768 1385266			Report No. 16-3		LITTLE UT			
STREET ADDRESS			4 05	OFFICE OF The City Clerk Of Newport Beach				
603 E Alton Ave		☐ Amendme to Report No.	mt Cii	UF NEWPORT CLAUP	***************************************			
CITY STATE ZIP CODE			(explain below)					
Santa Ana//Balboa Island 92662 CA 92705			No. of Pages	2				
1. Contribution	on(s) Received							
DATE RECEIVED	FULL NAME	D ZIP CODE OF CONTRIBUTER LD. NUMBER)	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF	AMOUNT RECEIVED		
09/14/2016	Ralph Nudo				X IND	Owner Woody's Wharf		1,100.00
					☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
		·						Provide interest rate
09/14/2016	Chris Pappas				IND COM OTH PTY SCC	Owner Woody's Wharf		1,100.00  Check if Loan  **  Provide interest rate
09/14/2016	Greg Pappas				X IND COM OTH PTY	Owner Woody's Wharf		1,100.00
					□ scc			Provide interest rate
Reason for Amend	ment:					*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	usiness enti	ty)

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MANIE OF TREEK		Date of		Date Stamp	CALLEC	DENIA 405			
Lowrey for City Council 2016				This Filing09/14/2016		Fig.		FORM 497	
AREA CODE/PHONE N	UMBER	I.D. NUMBER (if applicable)		Danaud No. 16-3			100	For Official Use Only	
(949)478-3768		1385266		Report No. 16-3					
STREET ADDRESS  603 E Alton Ave		☐ Amendment to Report No.			***************************************				
CITY		STATE	ZIP CODE	(explain below)					
Santa Ana//Balb	ooa Island 92662	CA	92705	No. of Pages	2				
1. Contributio	on(s) Received								
DATE RECEIVED	FULL NAME	D ZIP CODE OF CONTRIBU YTER I.D. NUMBER)	TOR	CONTRIBUTOR CODE *		IF AN INDIVIDUAL, OCCUPATION AND EMPLOYER MPLOYED, ENTER NAME OF BUSINESS)			
09/14/2016	Susan Riddle					Retired		1,100.00	
					☐ PTY ☐ SCC			% Provide interest rate	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			Check if Loan	
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan  ———————————————————————————————————	
Reason for Amend	ment:					*Contributor Codes IND - Individual COM - Recipient Co OTH - Other (e.g., I PTY - Political Party SCC - Small Contrib	business ent		