497 Contribution R	eport	Amounts may be rounded to	whole dollars.	RECEIVED 497	CONTRIBUTION REPORT
NAME OF FILER Lowrey for City Council 2016		Date of This Filing	09/28/2016	Date Stamp CALIF	FORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				(1010) 01.1 20 11. 50	or Official Use Only
(949) 478-3768 STREET ADDRESS			6-5	1	Official Ose Offig
603 E Alton Ave STE G//PO Box 5503		☐ Amendm to Report N		OFFICE OF THE CITY CLERK ONY OF NEWPORT BEACH	
CITY		CODE (explain below) No. of Page			
1. Contribution(s) R		2705			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP (IF COMMITTEE, ALSO ENTER LD	S AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE *		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/28/2016 Stephe	n Calandrella		X IND	Investor Rockies Fund	1,000.00
			OTH		☐ Check if Loan
			SCC		Provide interest rate
			☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan
			☐ IND ☐ COM		
			☐ OTH ☐ PTY ☐ SCC		Check if Loan ———————————————————————————————————
Reason for Amendment:			ı	*Contributor Codes IND – Individual COM – Recipient Committee (of OTH – Other (e.g., business er PTY – Political Party SCC – Small Contributor Commi	ntity)

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