

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Lowrey for City Council 2016			Date of This Filing 10/28/2016	Date Stamp 2016 OCT 28 AM 9:25 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 478-3768	I.D. NUMBER (if applicable) 1385266		Report No. 16-11		
STREET ADDRESS 603 E Alton Ave STE G//PO Box 5503			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Ana//Balboa Island 92662	STATE CA	ZIP CODE 92705	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
10/28/2016	Robert O'Hill [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rea Estate Dev Self	1,000.00 <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
		<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