

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Scott Peotter for City Council 2018		<b>Date of This Filing</b> 10/15/2018	<b>Date Stamp</b>	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed 10/15/2018 08:41:51</p> <p style="color: red; margin: 0;">Filing ID: 174252015</p> </div>
<b>AREA CODE/PHONE NUMBER</b> (949) 250-7118	<b>I.D. NUMBER (if applicable)</b> 1364694	<b>Report No.</b> 18-8		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Newport Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 92660	<b>No. of Pages</b> 1	

CALIFORNIA FORM 497

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## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/14/2018	The Crab Cooker Tustin, CA 92780	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,100.00  <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

**\*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

Reason for Amendment: \_\_\_\_\_