


# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Duffy Duffield for City Council 2014			Date of This Filing 09/29/2014	<div style="text-align: center;">                   OFFICE OF THE CITY CLERK                  CITY OF NEWPORT BEACH             </div>	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER (949) 645-6811	I.D. NUMBER (if applicable) 1367215		Report No. 14-21 2014		
STREET ADDRESS 2001 West Coast Hwy			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92663	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
09/29/2014	John Gormly	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Oltman's Construction	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

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

FPPC Form 497 (March/2011)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

\*\* INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY \*\*

STATUS  
Received

PAGES  
1  
DURATION  
46

REMOTE CSID

TIME RECEIVED  
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