

497 Contribution Report

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

RECEIVED
Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Duffy Duffield for City Council 2014		Date of This Filing 10/23/2014	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 645-6811	ID. NUMBER (if applicable) 1367215	Report No. 14-31	
STREET ADDRESS 2001 West Coast Hwy		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH
CITY Newport Beach	STATE CA		
		No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/23/2014	Charles Brennan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/23/2014	Mary Brennan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	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

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)

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STATUS
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PAGES
1

DURATION
47

REMOTE CSID

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October 23, 2014 6:32:43