

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Duffy Duffield for City Council 2018		Date of This Filing <u>10/02/2018</u>	Date Stamp	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="color: red; margin: 0;">E-Filed 10/02/2018 19:53:27</p> <p style="color: red; margin: 0;">Filing ID: 174068593</p> </div>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (949)645-6811	I.D. NUMBER (if applicable) 1367215	Report No. <u>18-22</u>			For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>			
CITY Newport Beach	STATE CA	ZIP CODE 92663	No. of Pages <u>1</u>		

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
10/02/2018	Inland Group Newport Beach, CA 92660	<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
10/02/2018	Joseph McKay Ontario, CA 91764	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Self/Joseph McKay	1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/02/2018	Lori McKay Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,100.00 <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: _____