

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER Lido Peninsula Company LLC		Date of This Filing 2/1/08	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-673-1060	I.D. NUMBER (if applicable)	Report No. 1	<i>Rec'd fax via fax 2/1/08 - 4:21 PM et</i>	
STREET ADDRESS PO Box 1549		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92659		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
1/31/08	Newport Beach City Hall in the Park Committee - Yes on B 603 E Alton Avenue, Suite H Santa Ana, CA 92705	City of Newport Beach	5000.00	2/5/08

Reason for Amendment: _____

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