

Late Contribution Report

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

RECEIVED

LATE CONTRIBUTION REPORT

NAME OF FILER Curry for Newport Beach Council		Date of This Filing 11/04/2006	Date Stamp 2006 NOV -6 AM 8:1	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-644-0800	I.D. NUMBER (if applicable) 1282505	Report No. 2	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
STREET ADDRESS 40 Vienna		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Newport Beach, CA	STATE CA	ZIP CODE 92660		No. of Pages 1

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING 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
11/03/2006	Keith Curry 40 Vienna Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Candidate	900.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____