

Late Contribution Report

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

RECEIVED

LATE CONTRIBUTION REPORT

NAME OF FILER Dolores Otting for NBCC		Date of This Filing 10-22-04	Date Stamp 04 OCT 22 P 3:5	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949 759 3086	I.D. NUMBER # 1267835	Report No. 0-1	OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
STREET ADDRESS 17 Hillsborough		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY N.B.	STATE Ca	ZIP CODE 92660		

Late Contribution(s) Received

GATE 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
10-20-04	Dolores A. Otting 17 Hillsborough 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		4500.00 <input checked="" type="checkbox"/> Check if Loan
		<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
		<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

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

Reason for Amendment: _____

