

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date of election if applicable: (Month, Day, Year)  _____ _____	<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____ _____	Date Stamp <b>RECEIVED</b> 2009 FEB -2 AM 10:46  OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 08 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

DONALD L. WEBB

STREET ADDRESS

1821 MARINERS DRIVE

CITY

STATE

ZIP CODE

NEWPORT BEACH

CA

92660

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

949.646.3133

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

COUNCIL MEMBER

JURISDICTION (LOCATION)

NEWPORT BEACH, CA

DISTRICT NUMBER  
(IF APPLICABLE)

3

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

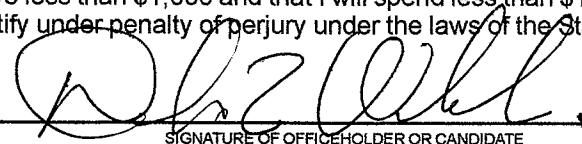
Executed on \_\_\_\_\_



DATE

30 JAN 09

By \_\_\_\_\_



SIGNATURE OF OFFICEHOLDER OR CANDIDATE