

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA  
FORM **470**

For Official Use Only

<p>Date of election if applicable: (Month, Day, Year)</p> <p>_____</p>	<p><input type="checkbox"/> <b>Amendment</b> (Explain Below)</p> <p>_____</p> <p>_____</p>
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OFFICE OF  
THE CITY CLERK  
CITY OF NEWPORT BEACH

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) DISTRICT NUMBER (IF APPLICABLE)  
NEWPORT BEACH, CA 3

**4. Committee Information**

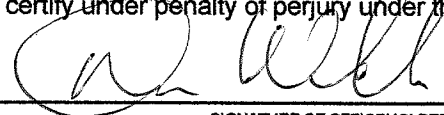
List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

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 29 July 08  
DATE

By   
SIGNATURE OF OFFICEHOLDER OR CANDIDATE