497 Contribution Report

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

NAME OF FILER			Date of This Filing	9-30-2014	Date Stamp	For Official Use Only
Capitelli for Costa Mesa City Council 2014 – *Tony Capitelli*					14 SEP 30 AM 7:59	

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No.	1
(714)594-5977	1359783		

STREET ADDRESS

P.O. Box 1214

☐ Amendment to Report No. _____
(explain below)

CITY	STATE	ZIP CODE	
Costa Mesa	CA	92628	No. of Pages ___1___

1. Contribution(s) Received

DATE 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
9-29-2014	Tom Harman for Board of Equalization 2018 2150 River Plaza Dr., Ste 150 Sacramento, CA 95833 #1363783	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$1500 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate

**Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Reason for Amendment: _____