

497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY OF COSTA MESA
BY AW PAT

CALIFORNIA FORM 497

NAME OF FILER
Jay Humphrey for City Council 2016

AREA CODE/PHONE NUMBER: **714-751-6552** I.D. NUMBER (if applicable): **1383723**

STREET ADDRESS: **1620 Sandalwood St.**

CITY: **Costa Mesa** STATE: **CA** ZIP CODE: **92626**

Date of This Filing: **10/3/2016**

Report No.: **2**

Amendment to Report No. _____ (explain below)

No. of Pages: **1**

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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
10/2/2016	Tom Arnold [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% 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: _____

p.1
714-751-6552
Jay Humphrey
Oct 03 16 12:02a