

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK
497 CONTRIBUTION REPORT

NAME OF FILER Lee Ramos for Costa Mesa City Council 2016			Date of This Filing <u>10/20/2016</u>	Date Stamp 16 OCT	CALIFORNIA FORM 497 For Official Use Only CITY OF COSTA MESA BY <u>Jasmine Email</u>
AREA CODE/PHONE NUMBER (710) 510-6388	I.D. NUMBER (if applicable) 1361842		Report No. <u>16-6</u>		
STREET ADDRESS 2001 Aliso Ave			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Costa Mesa	STATE CA	ZIP CODE 92627	No. of Pages <u>1</u>		

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
10/20/2016	Orange County Automobile Dealers Assoc PAC 3737 Birch St #220 Newport Beach, CA 92660 Committee ID # 870777	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		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

Reason for Amendment: _____

*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