

497 Contribution Report

Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

NAME OF FILER Mansoor for City Council 2016		Date of This Filing <u>10/24/2016</u>	Date Stamp 16 OCT 25 AM 8 33	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(714) 540-2295</u>	I.D. NUMBER (if applicable) <u>1385155</u>	Report No. <u>16-15</u>	CITY OF COSTA MESA BY <u>mtraylor</u>	
STREET ADDRESS <u>2973 Harbor Blvd #571</u>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Costa Mesa</u>	STATE <u>CA</u>	ZIP CODE <u>92626</u>	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
10/24/2016	Mike Manclark	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Mangic	2,500.00 <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