

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER <b>Committee for Yes on Measure X</b>		Date of This Filing <u>11/08/16</u>	RECEIVED CITY CLERK 16 NOV -8 AM 11: 21 CITY OF COSTA MESA BY SP	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>(714) 699-4384</b>	I.D. NUMBER (if applicable) <b>1390434</b>	Report No. <u>3</u>		
STREET ADDRESS <b>111 N. Harbor Blvd, Ste. D</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Fullerton</b>	STATE <b>CA</b>	ZIP CODE <b>92832</b>	No. of Pages <u>1</u>	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/04/16	Jaime Alefosio <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JMJ Enterprise	<b>\$25,000.00</b> <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