

497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Figueredo-Wilson for City Council 2018			Date of This Filing 08/17/2018	Date Stamp 18 AUG 17 PM 1:26	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (714) 540-2295	I.D. NUMBER (if applicable) 1406904		Report No. 18-1	CITY OF COSTA MESA BY _____	
STREET ADDRESS c/o Lysa Ray 3843 S Bristol St #604			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Ana	STATE CA	ZIP CODE 92704	No. of Pages 2		

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
07/17/2018	Steve Mensinger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Mesa Management	250.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
07/31/2018	Steve Mensinger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Mesa Management	125.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/02/2018	Steve Mensinger [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Mesa Management	500.00 <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

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NAME OF FILER Figueredo-Wilson for City Council 2018			Date of This Filing <u>08/17/2018</u>	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 24px;">CALIFORNIA FORM 497</div> For Official Use Only
AREA CODE/PHONE NUMBER (714) 540-2295	I.D. NUMBER (if applicable) 1406904	Report No. <u>18-1</u>			
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