

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

| | | | | |
|--|---|--|---|---|
| NAME OF FILER Arlis Reynolds for City Council 2018 | | Date of This Filing 09/21/2018 | Date Stamp CITY CLERK 18 SEP 24 AM 8:24 CITY OF COSTA MESA BY _____ | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (949) 858-7448 | I.D. NUMBER (if applicable) 1401298 | Report No. 2018-3 | | |
| STREET ADDRESS 2044 Continental | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Costa Mesa | STATE CA | ZIP CODE 92627 | No. of Pages 1 | |

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 |
|---------------|---|---|---|---|
| 09/20/2018 | Costa Mesa Firefighters Assn Local 1465 PAC 555 Capitol Mall, #400 Sacramento, CA 95814 Committee ID # 1377067 INKIND | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 <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