497 Contribution Report			Amounts may be rounded to whole dollars.		HECEIVEL 497	497 CONTRIBUTION REPORT
NAME OF FILER Chavez for City Council 2018			Date of This Filing _	10/10/2018	Date Stamp (CALIF	ORNIA 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			Report No. 20	F6	OCT	or Official Use Only
(949)274-2305 1403504 STREET ADDRESS 667 Victoria Street, Apt H		Amendme to Report No. (explain below)	ent Ci	Y OF COSTA MESA		
COSta Mesa	STATE ZIP CODE CA 92627		9 .	1		
1. Contributi	on(s) Received					
DATE RECEIVED	FULL NAME	CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
08/31/2018	Planned Parenthood 555 Capitol Mall, # Sacramento, CA 958 Committee ID # 1282	o Counties PAC	☐ IND ③ COM ☐ OTH ☐ PTY ☐ SCC		500.00 Check if Loan ** Provide interest rate	
10/08/2018	Costa Mesa Firefigh 555 Capitol Mall, # Sacramento, CA 958 Committee ID # 1377		☐ IND ③ COM ☐ OTH ☐ PTY ☐ SCC		□ Check if Loan Provide interest rate	
10/09/2018	Planned Parenthood 555 Capitol Mall, # Sacramento, CA 958 Committee ID # 1282	314	Counties PAC	☐ IND ▼ COM ☐ OTH ☐ PTY ☐ SCC		500.00 Check if Loan Provide interest rate
Reason for Amen	dment:				*Contributor Codes IND – Individual COM – Recipient Committee (o OTH – Other (e.g., business e PTY – Political Party SCC – Small Contributor Comm	ntity)