

497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Chavez for City Council 2018		Date of This Filing 10/17/2018	Date Stamp 18 OCT 17 PM 4:28	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949)274-2305	I.D. NUMBER (if applicable) 1403504	Report No. 2018-5		
STREET ADDRESS 667 Victoria Street, Apt H		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Costa Mesa	STATE CA	ZIP CODE 92627	No. of Pages 1	

CITY OF COSTA MESA
BY _____

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
10/15/2018	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		1,500.00 <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

*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

Reason for Amendment: _____