

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Eckles for City Council 2018			Date of This Filing <u>10/22/2018</u>	Date Stamp 18 OCT 22 PM 2: CITY OF COSTA MESA BY _____	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949)370-5164	I.D. NUMBER (if applicable) 1396985	Report No. <u>18-2</u>			
STREET ADDRESS 8907 Warner Ave #239					
CITY Huntington Beach	STATE CA	ZIP CODE 92647	<input checked="" type="checkbox"/> Amendment to Report No. <u>18-2</u> (explain below)		
			No. of Pages <u>2</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
10/19/2018	Fieldstead & Co 17512 Von Karman Ave Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,500.00 <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

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