

497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER Gamos for Costa Mesa Council District 2 in 2020			Date of This Filing <u>10/02/2020</u>	Date Stamp 20 OCT -5 AM 7: 4 CITY OF COSTA MESA BY <u>ggj</u>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <u>(714)496-5500</u>	I.D. NUMBER (if applicable) <u>1426477</u>	Report No. <u>2020-9</u>			
STREET ADDRESS <u>1300 Belfast Avenue</u>			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <u>Costa Mesa</u>	STATE <u>CA</u>	ZIP CODE <u>92626</u>	No. of Pages <u>1</u>		

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
10/02/2020	DRIVE Committee 25 Louisiana Ave NW Washington, DC 20001 Committee ID # 880969	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <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: _____
