

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED  
CITY CLERK

NAME OF FILER  
Sandy Genis for Costa Mesa City Council 2020

AREA CODE/PHONE NUMBER  
714-754-0803

I.D. NUMBER (if applicable)  
1430686

STREET ADDRESS  
1586 Myrtlewood St.

CITY STATE ZIP CODE  
Costa Mesa CA 92626

Date of This Filing 10/19/20

Report No. 20

Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages \_\_\_\_\_

Date Stamp  
OCT 19 PM 4:20

CITY OF COSTA MESA  
BY SB

CALIFORNIA FORM **497**

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## 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
10/16/20	Orange County Auto Dealers PAC 3737 Birch, Ste. 220 Newport Beach, Ca. 92660	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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

Late Contribution  
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