

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

1466713		Date of This Filing <u>09/24/2022</u>		<b>RECEIVED</b> via fax <b>SEP 24 2022</b>  BY: ..... <i>gg</i> .....	<b>CALIFORNIA FORM 497</b> For Official Use Only
NAME OF FILER Costa Mesa for Everyone, Yes on Measure K		Report No. <u>CME-1</u>			
AREA CODE/PHONE NUMBER <u>(949) 697-7532</u>	I.D. NUMBER (if applicable) <u>1453667</u>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
STREET ADDRESS [REDACTED]		No. of Pages <u>1</u>			
CITY <u>Fullerton</u>	STATE <u>CA</u>	ZIP CODE <u>92835</u>			

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, A, SO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/23/2022	Legacy/Collier Holdings, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00  <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

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