

RECEIVED
CITY CLERK

16 SEP -9 AM 7:41 497 CONTRIBUTION REPORT

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y		Date of This Filing 09/08/2016	Date Stamp 16 SEP -9 AM 7:41	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 624-6200	I.D. NUMBER (if applicable) 1387538	Report No. 09082016	CITY OF COSTA MESA BY <u>OO FAX</u>	
STREET ADDRESS 1904 HARBOR BLVD., #720		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY COSTA MESA	STATE CA	ZIP CODE 92627	No. of Pages 1	

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
09/07/2016	ORANGE COUNTY JOBS COALITION 515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071 Committee ID # 1351853	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20,000.00 <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: _____