

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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Date Stamp

497 CONTRIBUTION REPORT

NAME OF FILER Costa Mesans 4 Responsible Government (CM4RG)		Date of This Filing <u>10/28/2016</u>	16 OCT 28 AM 10:30 CITY OF COSTA MESA BY _____	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 714 326-6056	I.D. NUMBER (if applicable) 1344077	Report No. <u>1</u>		
STREET ADDRESS 1597 Minorca Drive		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Costa Mesa	STATE CA	ZIP CODE 92626	No. of Pages <u>1</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
10/27/2016	Katherine Arthur <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Rep. Hewlett Packard	\$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