## RECEIVED CITY CLERK

## 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

| NAME OF FILER Orange County Dignity PAC, sponsored b AFL-CIO | y Orange County Federat    | tion of La     | bor,                       | Date of<br>This Fil |            | 11/4/201           | 6 16            | NOV - 7 AT 8: 21   | CALIFOR<br>FOR |             | 496      |    |
|--|----------------------------|----------------|----------------------------|---------------------|------------|--------------------|-----------------|--------------------|----------------|-------------|----------|----|
| AREA CODE/PHONE NUMBER   I.D. NUMBER (If applicable)         |                            |                | Report No. 110416H CITY OF |                     |            | CIT                | Y OF COSTA MESA | MESA For Official  |                | al Use Only |          |    |
| (213) 452-6565   | 13445                      | 92             |                            |                     |            |                    |                 |                    |                |             |          |    |
| STREET ADDRESS   |                            |                |                            | Ame                 |            | t                  | BY              | jamire email       |                |             |          |    |
| 309 N. Rampart St., Ste. A                                   | 309 N. Rampart St., Ste. A |                |                            | to Repo             | ort No.    | -                  |                 | 0                  |                |             |          |    |
| CITY   | STATE                      | ZIP C          | ODE                        | (explain bek        |            |                    |                 |                    |                |             |          |    |
| Orange   | CA                         | 9286           | 8                          | No. of F            | ages _     | 2                  |                 |                    |                |             |          |    |
| 1. List Only One Candidate o                                 | r Ballot Measure           |                |                            |                     |            |                    | ,               |                    |                |             |          |    |
| NAME OF CANDIDATE SUPPORTED OR OF                            | PPOSED                     |                |                            |                     | NAME       | OF BALLOT MEA      | SURE SU         | PPORTED OR OPPOSED |                |             |          | _  |
| John Stephens  |                            |                |                            |                     |            |                    |                 |                    |                |             |          |    |
| OFFICE SOUGHT OR HELD  | DISTRICT NO.               | SUPPORT        | OPPOSE                     | _                   | BALLO      | T NO./LETTER       |                 | JURISDICTION       |                | SUPPO       | RT OPPOS | ŝĒ |
| City Council Member  |                            | V              |                            |                     |            |                    |                 |                    |                |             |          | ]  |
| 2. Independent Expenditures                                  | Made Attach ac             | iditional info | rmation on                 | appropria           | tely labe  | led continuation s | heets.          |                    | Bi             |             |          |    |
| DATE   | DESCRIPTION OF EXPENDITURE |                |                            |                     |            | AMOUNT             |                 |                    |                |             |          |    |
| 11/03/2016   | LIT \$1,534.66             |                |                            |                     | \$1,534.66 |                    |                 |                    |                |             |          |    |

| 496 Independent Expenditure Re | Report |
|--------------------------------|--------|
|--------------------------------|--------|

Page 2 of 2

CALIFORNIA 496

|  | FORM TOU              |
|--|-----------------------|
|  | For Official Use Only |
|  |                       |
|  |                       |
| NAME OF FILER  |                       |
| Crange County Dignity PAC, sponsored by Orange County Federation of Labor, AFL-CIO |                       |
|  |                       |
|  |                       |

## 3. Contributions of \$100 or More Received\*

| DATE<br>RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE ** | IF AN INDIVIDUAL, ENTER OCCUPATION<br>AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED | INTEREST RATES                          |
|------------------|--|------------------------|--|--------------------|---|
| 11/03/2016       | Grassroots Resources<br>750 B St<br>Ste 2340   | □IND<br>□COM<br>☑OTH   |  | \$4,604.00         | If loan,<br>enter interest rate, if any |
|                  | San Diego, CA 92101-8293   | □PTY<br>□SCC           |  |                    | %                                       |

| 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

<sup>\*</sup>Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.