

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER CR COSTA MESA LLC		Date of This Filing <u>10/30/2020</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 275-0747	I.D. NUMBER (if applicable)	Report No. <u>LCR #2298</u>		
STREET ADDRESS 4675 MACARTHUR COURT, FLOOR 15		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY NEWPORT BEACH	STATE CA	ZIP CODE 92660	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
10/30/2020	COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC (ID# 1434039) 2350 KERNER BLVD., SUITE 250 San Rafael, CA 94901	MEASURE Q CITY OF COSTA MESA	10,000.00	11/03/2020

Reason for Amendment: _____