

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED  
CITY CLERK  
Date Stamp

497 CONTRIBUTION REPORT

**NAME OF FILER**  
Chavez for City Council 2022

**AREA CODE/PHONE NUMBER** (949) 274-2305

**I.D. NUMBER (if applicable)** 1441548

**STREET ADDRESS**  
[REDACTED]

**CITY** Costa Mesa      **STATE** CA      **ZIP CODE** 92627

**Date of This Filing** 09/29/2022

**Report No.** 2022-3

**Amendment to Report No.** \_\_\_\_\_  
(explain below)

**No. of Pages** 1

22 SEP 29 PH 3:31  
via email  
CITY OF COSTA MESA  
BY [Signature]

**CALIFORNIA FORM 497**  
For Official Use Only

## 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
09/29/2022	Local Union 105 Sheet Metal Air Rail Transportation Workers [REDACTED] Committee ID # 962809	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,900.00  <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: \_\_\_\_\_