

497 Contribution Report

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER <i>HARV POPICK</i>		Date of This Filing <i>10/25/2012</i>	Date Stamp OCT 25 PM 2:31	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>714-557-7838</i>	I.D. NUMBER (if applicable) <i>1348966</i>	Report No. _____	CITY OF COSTA MESA	
STREET ADDRESS <i>3315 CALIFORNIA ST</i>		<input type="checkbox"/> Amendment to Report No. <i>460 A</i>	BY	
CITY <i>COSTA MESA</i>	STATE <i>CA</i>	ZIP CODE <i>92626</i>	No. of Pages <i>1</i>	

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
<i>10/24/12</i>	<i>CUTTING EDGE SYSTEMS 2950 AIRWAY AVE. UNIT D-1 COSTA MESA, CA 92626</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1000 -</i> <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

Reason for Amendment: *LATE CONTRIBUTION*

**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