497 Contribution Report

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

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CITY OF COSTA MESA
BY [redacted] FAX

497 CONTRIBUTION REPORT

CALIFORNIA FORM **497**

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NAME OF FILER		Date of This Filing 10/08/2014
Costa Mesa Taxpayers PAC (CMTAXPAC)		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 14-3
(714)540-2295	1352184	
STREET ADDRESS		☐ Amendment to Report No. _____ (explain below)
603 E Alton Ave STE H		
CITY	STATE ZIP CODE	No. of Pages 1
Santa Ana	CA 92705	

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
10/08/2014	RC Alley 144 N Orange St Orange, CA 92866	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Exec Architects Orange	1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____