497 Contribution Report

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

RECEIVED
CITY CLERK

497 CONTRIBUTION REPORT

NAME OF FILER		Date of This Filing 10/17/2014	Date Stamp	CALIFORNIA FORM 497
Costa Mesa Taxpayers PAC (CMTAXPAC)				For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. 14-7	14 OCT 17 PM 1:25	
(714)540-2295	1352184			
STREET ADDRESS		☐ Amendment to Report No. [redacted] (explain below)	COSTA MESA	
603 E Alton Ave STE H				
CITY / STATE / ZIP CODE		No. of Pages 2		
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
10/17/2014	Westreef Housing 20 Enterprise #320 Aliso Viejo, CA 92656	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		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: _____