

**497 Contribution Report**

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

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497 CONTRIBUTION REPORT

NAME OF FILER Righeimer for City Council 2014		Date of This Filing 10/24/2014	14 OCT 24 AM 8:30 COSTA MESA Fax	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 939-2447	I.D. NUMBER (if applicable) 1309846	Report No. 14-14		
STREET ADDRESS 2973 Harbor Blvd #650		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Costa Mesa	STATE CA		ZIP CODE 92626	No. of Pages 2

**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
10/23/2014	Arnel Management Company 949 S Coast Dr #600 Costa Mesa, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,666.66  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/23/2014	Metro Pointe 4 949 S Coast Dr #600 Costa Mesa, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		482.02  <input type="checkbox"/> Check if Loan _____% Provide interest rate
10/23/2014	Metro Pointe 6 949 S Coast Dr #600 Costa Mesa, CA 92626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		717.67  <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*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