

RECEIVED
CITY CLERK

Nov 1
16 OCT 31 AM 7:5
CITY OF COSTA MESA
BY ALU FAX

497 CONTRIBUTION REPORT

CALIFORNIA
FORM 497

For Official Use Only

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER
COSTA MESANS AGAINST THE POWER GRAB, NO ON MEASURE Y

AREA CODE/PHONE NUMBER (213) 624-6200 **I.D. NUMBER (if applicable)** 1387538

STREET ADDRESS
1904 HARBOR BLVD., #720

CITY COSTA MESA **STATE** CA **ZIP CODE** 92627

Date of This Filing 10/31/2016

Report No. 10312016

Amendment to Report No. _____
(explain below)

No. of Pages 1

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
10/28/2016	SANDERSON J RAY CORPORATION 4667 MACARTHUR BLVD., STE. 420 NEWPORT BEACH, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		29,000.00 <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

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