## **497 Contribution Report**

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

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res on the Gene	rai Fian Update 2014	Reduction and Strong Neighborhoods, Yes on Y	Date of This Filing	10/20/2014	Date Stamp  CALIFORNIA 497  FORM  FORM  For Official Use Only		
AREA CODE/PHONE N	JMBER	I.D. NUMBER (if applicable)					
(714)921-1181		1369645	Report No. 8		1	. Other bac only	
STREET ADDRESS					THE OFFICE UP 1		
3848 Campus Dri	ve, Suite 218		☐ Amendme	3Nt ).	OFFICE OF THE CITY CLERK OITY OF HEMPORT BEACH		
CITY	STATE ZIP CODE	(explain below)		Ott Or Biss Oss breat	no-or-command		
Newport Beach		CA 92660	No. of Pages	1	31		
1. Contributio	n(s) Received					and the second s	
DATE RECEIVED	FULL NAME	E, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER) D. NUMBER)	ITOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	
10/20/2014	CAA Planning Inc.			☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		2,500.00	
10/20/2014	Shopoff Land Fund I	I, LP		☐ IND ☐ COM ③ OTH ☐ PTY ☐ SCC		12,500.00  Check if Loan  Provide interest rate	
	•			IND   COM   OTH   PTY   SCC		Check if Loan  ""  Provide interest rate	
Reason for Amendo	nent:		11-80-80-90-90-90-90-90-90-90-90-90-90-90-90-90		*Contributor Codes IND Individual COM Recipient Committee (oth OTH Other (e.g., business ent PTY Political Party SCC Small Contributor Commit	lity)	

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)