

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

497 CONTRIBUTION REPORT

NAME OF FILER Lowrey for City Council 2016		Date of This Filing 09/08/2016	Date Stamp SEP -8 PM 2:58	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 478-3768	I.D. NUMBER (if applicable) 1385266	Report No. 16-1		
STREET ADDRESS 603 E Alton Ave STE G//PO Box 5503		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Ana//Balboa Island 92662	STATE CA	ZIP CODE 92705	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
09/08/2016	Manouch Moshayedi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO MX3 Ventures	1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/08/2016	Sophie Moshayedi [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,100.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/08/2016	Philip Stump [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Allied Professional Ins	1,100.00 <input type="checkbox"/> 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: _____