

## 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Mokhbery for City Council 2022		Date of This Filing 09/22/2022 02:04	Date Stamp 2022 SEP 22	CALIFORNIA FORM <b>497</b> For Official Use Only  CITY OF LAGUNA NIGUEL
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1451571	Report No. 65	11-2-22	
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 3	<i>City Clerk recd 4 total pgys pgm</i>

## 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
2022-09-22	Javad Mokhbery [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Futek, Inc	30,000.00  <input checked="" 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

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CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 3	

## 2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

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

FORM	REFERENCE	NOTES
CA 497	Cover	Qualified

FORM	REFERENCE	NOTES
CA 497	TEXT -9	Contribution in the form of a Loan Received. Interest on Loan is: