

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 11/02/2022 03:18	Date Stamp NOV -3 AM 9:47	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) 1451571	Report No. 105		
STREET ADDRESS [REDACTED]		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	No. of Pages 3	

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
2022-10-23	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	60,000.00 <input checked="" type="checkbox"/> Check if Loan _____ % Provide Interest Rate
2022-11-02	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	40,000.00 <input checked="" type="checkbox"/> Check if Loan _____ % Provide Interest Rate

Reason for Amendment: _____

Powered by ISPolitical.com

* 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

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 11/02/2022 03:18 Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) _____ No. of Pages 3	Date Stamp	<div>CALIFORNIA FORM 497</div> <div>For Official Use Only</div>
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (If applicable) 1451571			
STREET ADDRESS [REDACTED]				
CITY [REDACTED]	STATE [REDACTED]			

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	TEXT -84	Contribution in the form of a Loan Received. Interest on Loan is:
CA 497	TEXT -97	Contribution in the form of a Loan Received. Interest on Loan is: