

Late Contribution Report

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

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CITY CLERK

LATE CONTRIBUTION REPORT

NAME OF FILER Foley for City Council 2014		Date of This Filing 10/2/14	Date Stamp 14 OCT -3 AM 9:14	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-502-8800	I.D. NUMBER (if applicable) 1362373	Report No. _____		
STREET ADDRESS 1600 Dove Street, Suite 101		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Newport Beach	STATE CA	ZIP CODE 92660	No. of Pages 1	

Late 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
09/30/14	UFCW Local 324 PAC 8530 Stanton Avenue Buena Park, CA 90622	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <input type="checkbox"/> Check if Loan
		<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
		<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

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other
 PTY – Political Party
 SCC – Small Contributor Committee

Reason for Amendment: _____