

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK
Date Stamp
13 SEP -6 AM 8:00
CITY OF COSTA MESA
BY

CALIFORNIA
FORM 497
For Official Use Only

NAME OF FILER
Foley for Mayor 2018

AREA CODE/PHONE NUMBER
949-502-8800

I.D. NUMBER (if applicable)
1397432

STREET ADDRESS
1600 Dove Street, Suite 101

CITY
Newport Beach

STATE
CA

ZIP CODE
92660

Date of This Filing **09/05/18**

Report No. _____

☐ Amendment to Report No. _____
(explain below)

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
08/17/18	Planned Parenthood of Orange and San Bernardino Counties Action Fund PAC 555 Capitol Mall, Suite 400 Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% 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