

497 Contribution Report

Amounts may be rounded to whole dollars.

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CITY OF COSTA MESA
BY _____

CALIFORNIA FORM **497**
For Official Use Only

NAME OF FILER Foley for Mayor 2018		Date of This Filing 09/19/18
AREA CODE/PHONE NUMBER 949-502-8800	I.D. NUMBER (if applicable) 1397432	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

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
09/19/18	Costa Mesa Fire Association Local 1465 555 Capitol Mall, Suite 400 Sacramento, CA 95814-4503	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <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