

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK

NAME OF FILER Foley for Mayor 2018		Date of This Filing <u>09/20/18</u>	Date Stamp 18 SEP 21 AM 8:41	CALIFORNIA FORM 497 For Official Use Only
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 OF COSTA MESA BY _____	
CITY Newport Beach	STATE CA	ZIP CODE 92660		

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
09/20/18	Women in Leadership 22662 Fernwood Street Lake Forest, CA 92630-3609	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00 <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

****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

Reason for Amendment: _____