497 Contribu	ition Report		Amounts ma	nay be rounded to whole dollars.			
NAME OF FILER Foley for Mayor 2018 AREA CODE/PHONE NUMBER 1.D. NUMBER (If applicable)				Date of This Filing	10/01/18	Date Stamp-11 CALIFOR FOR FOR FOR	RM 49/
949-502-8800		1397432		Report No.		CITY OF COCT.	
1600 Dove Street, Suite 101				Amendment to Report No			
Newport Beach		STATE CA	2IP CODE 92660	ZIF CODE			
1. Contributio	n(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/01/18	District Council of Iron Workers 1660 San Pablo Avenue, Suite C Pinole, CA 94564				☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		4,000.00 Check if Loan ** Provide interest rate
10/01/18	Laborers Internat Laborers Local 6 1532 E. Chestnu Santa Ana, CA 9	North America		☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC	*	1,000.00 Check if Loan ** Provide interest rate	
10/01/18	International Unio 150 E. Corson Si Pasadena, CA 9	reet	g Engineers		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		2,500.00 Check if Loan ** Provide interest rate
Reason for Amendn	nent:	-				**Contributor Codes IND - Individual COM - Recipient Committee (other (e.g., business entited) PTY - Political Party SCC - Small Contributor Commit	y)

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov