

# 497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER <b>Foley for Mayor 2018</b>		Date of This Filing <b>10/11/18</b>	RECEIVED Date Stamp <b>10 OCT 11 PM 3:28</b> For Official Use Only CITY OF COSTA MESA BY _____	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>949-502-8800</b>	I.D. NUMBER (if applicable) <b>1397432</b>	Report No. _____		
STREET ADDRESS <b>1600 Dove Street, Suite 101</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Newport Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92660</b>		
		No. of Pages <b>1</b>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/11/18	Leading Orange County PAC 16633 Ventura Boulevard, Suite 1008 Encino, CA 91436	<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 _____% Provide interest rate
10/11/18	Huntington Beach Firefighters Association 555 Capitol Mall, Suite 400 Sacramento, CA 95814	<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 _____% 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