

**497 Contribution Report**

Amounts may be rounded to whole dollars

RECEIVED  
CITY CLERK

NAME OF FILER <b>Foley for Mayor 2018</b>		Date of This Filing <u>10/20/18</u>	Date Stamp <b>OCT 24 PM 4:13</b>	CALIFORNIA FORM <b>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. <u>1218</u>		
STREET ADDRESS <b>1600 Dove Street, Suite 101</b>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	<b>CITY OF COSTA MESA</b> BY _____	
CITY <b>Newport Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92660</b>	No. of Pages <u>1</u>	

**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
10/20/18	Thomas Arnold [REDACTED]	<input checked="" type="checkbox"/> IND <input 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
		<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