497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497

NAME OF FILER	Date of This Filing	8/18/20
Foley for Mayor 2020		

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*	Report No.	1
949-502-8800	1427044		

STREET ADDRESS	☐ Amendment to Report No. _____
1072 Bristol Street, Suite 101	(explain below)

CITY	STATE	ZIP CODE	No. of Pages	1
Costa Mesa	CA	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
08/17/20	Charles Mooney ■■■■■■■■	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	1,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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