

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK
Date Stamp
20 SEP -8 AM 8:21
CITY OF COSTA MESA
BY

CALIFORNIA FORM **497**
For Official Use Only

NAME OF FILER
Foley for Mayor 2020

AREA CODE/PHONE NUMBER
949-502-8800

I.D. NUMBER (if applicable)
1427044

STREET ADDRESS
1072 Bristol Street, Suite 101

CITY STATE ZIP CODE
Costa Mesa CA 92660

Date of This Filing 9/1/20

Report No. 6

Amendment to Report No. _____
(explain below)

No. of Pages 1

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
9/4/20	WAVE 2525 Ocean Boulevard, #A-2 Carona del Mar, CA 92625	<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 checked="" 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