

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

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CITY OF COSTA MESA  
BY [Redacted]

CALIFORNIA FORM **460**

Page 1 of 54  
For Official Use Only

Statement covers period  
from July 1, 2020  
through Sept. 19, 2020

Date of election if applicable  
(Month, Day, Year)  
November 3, 2020

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.**
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall  
(Also Complete Part 5)
  - General Purpose Committee
    - Sponsored
    - Small Contributor Committee
    - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
    - Controlled
    - Sponsored  
(Also Complete Part 6)
  - Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement  
(Also file a Form 410 Termination)
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER 1427044

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Foley for Mayor 2020

STREET ADDRESS (NO P.O. BOX)  
1072 Bristol Street, Suite 101

|                   |           |              |                     |
|-------------------|-----------|--------------|---------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>949-502-8800</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|      |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Kimberlee Belli

MAILING ADDRESS  
1072 Bristol Street, Suite 101

|                   |           |              |                     |
|-------------------|-----------|--------------|---------------------|
| CITY              | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>949-502-8800</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|      |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

|                                    |  |
|------------------------------------|--|
| Executed on <u>9/24/20</u><br>Date | By <u>Kimberlee Belli</u><br>Signature of Treasurer or Assistant Treasurer   |
| Executed on <u>9/24/20</u><br>Date | By [Redacted]<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date          | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent  |
| Executed on _____<br>Date          | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent  |

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Katrina Foley

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor of Costa Mesa

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1072 Bristol Street Costa Mesa CA 92626

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

|                |             |
|----------------|-------------|
| COMMITTEE NAME | I.D. NUMBER |
|----------------|-------------|

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|-------------------|---|

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |   |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>Sept. 19, 2020</u>                       |                                |
| Page <u>3</u> of <u>54</u>                          | I.D. NUMBER<br><u>1427044</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Foley for Mayor 2020

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ <u>48,152.20</u>  | \$ <u>81,133.20</u>                        |
| 2. Loans Received..... Schedule B, Line 3            | <u>0</u>   | <u>0</u>                                   |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ <u>48,152.20</u>  | \$ <u>81,133.20</u>                        |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | <u>3,792.50</u>  | <u>3,792.50</u>                            |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>52,043.70</u>  | \$ <u>84,925.70</u>                        |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4                   | \$ <u>57,985.41</u>  | \$ <u>58,977.28</u>                        |
| 7. Loans Made..... Schedule H, Line 3                      | <u>0</u>   | <u>0</u>                                   |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ <u>57,985.41</u>  | \$ <u>58,977.28</u>                        |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | <u>0</u>   | <u>0</u>                                   |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ <u>57,985.41</u>  | \$ <u>58,977.28</u>                        |

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                     |
|--|---------------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16             | \$ <u>32,456.43</u> |
| 13. Cash Receipts..... Column A, Line 3 above                              | <u>48,251.20</u>    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | <u>0</u>            |
| 15. Cash Payments..... Column A, Line 8 above                              | <u>57,985.41</u>    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>22,722.22</u> |

If this is a termination statement, Line 16 must be zero.

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

**Cash Equivalents and Outstanding Debts**

|  |             |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/01/20           | Terri Fuqua<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 210.80   |                                       |
| 07/27/20           | Terri Fuqua<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 210.80   |                                       |
| 08/28/20           | Terri Fuqua<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 210.80   |                                       |
| 09/19/20           | Terri Fuqua<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 30.00                       | 210.80   |                                       |
| 07/01/20           | Mary Howard<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Fine Art & Design<br>Consultant<br>Self-Employed  | 50.00                       | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>140.60</b>               |  |                                       |

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 4,357.60
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** \_\_\_\_\_

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/01/20           | Paul Kelly<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 07/01/20           | Sanda Martin<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 07/06/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 20.20                       | 125.80   |                                       |
| 08/09/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 10.00                       | 125.80   |                                       |
| 08/22/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 20.20                       | 125.80   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>250.40</b>               |  |                                       |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/29/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 20.20                       | 125.80   |                                       |
| 08/29/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 10.00                       | 125.80   |                                       |
| 08/31/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 20.20                       | 125.80   |                                       |
| 09/18/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 15.00                       | 125.80   |                                       |
| 09/19/20           | Imran Patel<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Banker<br>Wells Fargo Bank  | 10.00                       | 125.80   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>75.40</b>                |  |                                       |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>7</u> of <u>54</u>     |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/08/20           | John Thornton<br>4701 Von Karman Avenue, Suite 300<br>Newport Beach, CA 92626                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Andrews & Thornton  | 250.00                      | 250.00   |                                       |
| 07/13/20           | Constance Boardman<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 07/13/20           | Patrick Kelly<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 200.00   |                                       |
| 07/29/20           | Patrick Kelly<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 200.00   |                                       |
| 07/13/20           | Joni Nichols<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 130.80   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>570.20</b>               |  |                                       |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>Sept. 19, 2020</u>                       |  |                                |
| Page <u>8</u> of <u>54</u>                          |  | I.D. NUMBER<br><u>1427044</u>  |

NAME OF FILER  
**Foley for Mayor 2020**

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/27/20           | Joni Nichols<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 130.80   |                                       |
| 08/26/20           | Joni Nichols<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 130.80   |                                       |
| 07/16/20           | Melinda Seely<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50.00                       | 250.00   |                                       |
| 08/22/20           | Melinda Seely<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 200.00                      | 250.00   |                                       |
| 07/16/20           | Tim Taber<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Transparent Productions  | 100.00                      | 150.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>390.40</b>               |  |                                       |

\*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



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>9</u> of <u>54</u>     |
| NAME OF FILER<br><u>Foley for Mayor 2020</u>   | I.D. NUMBER<br><u>1427044</u>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/19/20           | Tim Taber<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Transparent Productions  | 50.00                       | 150.00   |                                       |
| 07/17/20           | National Union of Healthcare Workers<br>1787 Tribute Road, Suite K<br>Sacramento, CA 95815      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 500.00   |                                       |
| 07/19/20           | CL Miller<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Self-Employed   | 50.00                       | 130.80   |                                       |
| 08/01/20           | CL Miller<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Self-Employed   | 20.20                       | 130.80   |                                       |
| 08/31/20           | CL Miller<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Self-Employed   | 20.20                       | 130.80   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>640.40</b>               |  |                                       |

\*Contributor Codes  
 IND - Individual  
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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept 19, 2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>10</u> of <u>54</u>   |  |                                |
| NAME OF FILER<br><b>Foley for Mayor 2020</b>  |  | I.D. NUMBER<br><b>1427044</b>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/01/20           | CL Miller<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Self-Employed   | 20.20                       | 130.80   |                                       |
| 7/23/20            | Carina Franck-Pantone<br>[REDACTED] +   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant/Fundraiser<br>The Franck Firm  | 5.00                        | 165.60   |                                       |
| 07/25/20           | Carina Franck-Pantone<br>[REDACTED] +   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant/Fundraiser<br>The Franck Firm  | 20.20                       | 165.60   |                                       |
| 08/24/20           | Carina Franck-Pantone<br>[REDACTED] +   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant/Fundraiser<br>The Franck Firm  | 20.20                       | 165.60   |                                       |
| 09/19/20           | Carina Franck-Pantone<br>[REDACTED] +   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant/Fundraiser<br>The Franck Firm  | 100.00                      | 165.60   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>165.60</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>11</u> of <u>54</u>    |
| NAME OF FILER<br><u>Foley for Mayor 2020</u>   | I.D. NUMBER<br><u>1427044</u>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 07/24/20           | Peter Whittingham<br>31441 Santa Margarita Parkway, Suite A181<br>Rancho Santa Margarita, CA 92688 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Whittingham Public<br>Affairs Advisors   | 249.00                      | 249.00   |                                       |
| 07/25/20           | Corinne Stover<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 25.00                       | 105.00   |                                       |
| 07/30/20           | Corinne Stover<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 10.00                       | 105.00   |                                       |
| 08/24/20           | Corinne Stover<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 25.00                       | 105.00   |                                       |
| 08/30/20           | Corinne Stover<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 10.00                       | 105.00   |                                       |
| <b>SUBTOTAL \$</b> |  |   |   | <b>319.00</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/27/20           | Robert Bauman<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner/Engineer<br>Lynx Studio Technology,<br>Inc.   | 125.00                      | 175.00   |                                       |
| 08/24/20           | Robert Bauman<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner/Engineer<br>Lynx Studio Technology,<br>Inc.   | 50.00                       | 175.00   |                                       |
| 07/27/20           | Dennis Bress<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales<br>DBSR   | 20.20                       | 294.00   |                                       |
| 07/31/20           | Dennis Bress<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales<br>DBSR   | 20.20                       | 294.00   |                                       |
| 08/27/20           | Dennis Bress<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales<br>DBSR   | 20.20                       | 294.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>235.60</b>               |  |                                       |

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 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/28/20           | Dennis Bress<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales DBSR  | 43.00                       | 294.00   |                                       |
| 08/31/20           | Dennis Bress<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales DBSR  | 20.20                       | 294.00   |                                       |
| 08/31/20           | Dennis Bress<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales DBSR  | 50.00                       | 294.00   |                                       |
| 07/27/20           | Ken Fait<br>7680 Granite Loop Road, #854<br>Teton Village, WY 83025                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 2,500.00                    | 3,000.00   |                                       |
| 09/19/20           | Ken Fait<br>7680 Granite Loop Road, #854<br>Teton Village, WY 83025                             | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 500.00                      | 3,000.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>3,113.20</b>             |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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Amounts may be rounded  
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SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
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| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/27/20           | Diana Hensley<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Psychologist<br>Self-Employed   | 100.00                      | 100.00   |                                       |
| 07/27/20           | Pet Expertise<br>1175 Baker Street, E-19 #122<br>Costa Mesa, CA 92626                           | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 100.00                      | 100.00   |                                       |
| 07/28/20           | Peggie Fariss<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 309.60   |                                       |
| 08/24/20           | Peggie Fariss<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 249.00                      | 309.60   |                                       |
| 08/28/20           | Peggie Fariss<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 309.60   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>489.40</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/28/20           | Nathan Holthouser<br>204 Main Street, Suite 750<br>Newport Beach, CA 92661                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate<br>Nathan Holthouser  | 500.00                      | 500.00   |                                       |
| 07/28/20           | Michelle Schuller<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 125.00                      | 125.00   |                                       |
| 07/29/20           | Susan Dvorak<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 50.00                       | 201.00   |                                       |
| 07/31/20           | Susan Dvorak<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 50.00                       | 201.00   |                                       |
| 08/09/20           | Susan Dvorak<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 1.00                        | 201.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>726.00</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2018</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/29/20           | Stephanie Campbell<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 07/29/20           | Andrew Gallagher<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 20.20                       | 120.20   |                                       |
| 07/29/20           | Joanna Jost<br>[REDACTED]   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Analyst<br>Hyundai  | 20.20                       | 160.60   |                                       |
| 08/28/20           | Joanna Jost<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Analyst<br>Hyundai  | 20.20                       | 160.60   |                                       |
| 09/19/20           | Joanna Jost<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Analyst<br>Hyundai  | 100.00                      | 160.60   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>260.60</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/29/20           | Barbara Morihiro<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 170.20   |                                       |
| 08/31/20           | Barbara Morihiro<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50.00                       | 170.20   |                                       |
| 07/30/20           | Kristen Howerton<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Author<br>Rage Against the Minivan  | 100.00                      | 300.00   |                                       |
| 08/30/20           | Kristen Howerton<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Author<br>Rage Against the Minivan  | 100.00                      | 300.00   |                                       |
| 07/30/20           | Lucille Raymond<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Secretary<br>AmTrust  | 20.20                       | 185.20   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>290.40</b>               |  |                                       |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>18</u> of <u>54</u>    |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/30/20           | Lucille Raymond<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Secretary AmTrust   | 20.20                       | 185.60   |                                       |
| 08/31/20           | Lucille Raymond<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Secretary AmTrust   | 50.00                       | 185.60   |                                       |
| 09/10/20           | Lucille Raymond<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Secretary AmTrust   | 25.00                       | 185.60   |                                       |
| 07/31/20           | Dinah Frieden<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 200.00   |                                       |
| 09/19/20           | Dinah Frieden<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50.00                       | 200.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>245.20</b>               |  |                                       |

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>19</u> of <u>54</u>    |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/31/20           | Flo Martin<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 500.00                      | 1,000.00   |                                       |
| 08/28/20           | Flo Martin<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 500.00                      | 1,000.00   |                                       |
| 07/31/20           | Dianne Russell<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 140.40   |                                       |
| 08/29/20           | Dianne Russell<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 20.20                       | 140.40   |                                       |
| 08/31/20           | Dianne Russell<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 50.00                       | 140.40   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1,090.40</b>             |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>20</u> of <u>54</u>    |
| NAME OF FILER<br><b>Foley for Mayor 2020</b>   |                                |
| I.D. NUMBER<br><b>1427044</b>  |                                |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/04/20           | Terrence Dickinson<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Engineer<br>Broadcom  | 249.00                      | 249.00   |                                       |
| 08/08/20           | Laborers International Union of North America<br>1532 Chestnut Avenue<br>Santa Ana, CA 92701    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2,500.00                    | 2,500.00   |                                       |
| 08/07/20           | Robert Taft<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>The Healing Plant of CA  | 249.00                      | 249.00   |                                       |
| 08/10/20           | Kathy Esfahani<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>California Court of Appeal  | 50.00                       | 250.00   |                                       |
| 8/24/20            | Kathy Esfahani<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>California Court of Appeal  | 50.00                       | 250.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>3,098.00</b>             |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|                         |                |                                |
|-------------------------|----------------|--------------------------------|
| Statement covers period |                | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | July 1, 2020   |                                |
| through                 | Sept. 19, 2020 | Page <u>21</u> of <u>54</u>    |

|                                       |                        |
|---------------------------------------|------------------------|
| NAME OF FILER<br>Foley for Mayor 2020 | I.D. NUMBER<br>1427044 |
|---------------------------------------|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/10/20           | Kathy Esfahani<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>California Court of Appeal  | 50.00                       | 250.00   |                                       |
| 08/10/20           | Lynn Mickadeit<br>[REDACTED]  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            | Retired   | 100.00                      | 120.20   |                                       |
| 08/12/20           | Sonia Cooper<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 100.00                      | 200.00   |                                       |
| 09/18/20           | Sonia Cooper<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 100.00                      | 200.00   |                                       |
| 08/16/20           | Diana Springer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 200.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>450.00</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|                                       |                        |
|---------------------------------------|------------------------|
| NAME OF FILER<br>Foley for Mayor 2020 | I.D. NUMBER<br>1427044 |
|---------------------------------------|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/16/20           | Diana Springer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 200.00   |                                       |
| 08/17/20           | Christine Cameron<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 100.00                      | 100.00   |                                       |
| 08/24/20           | Deborah Koken<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Marketing Representative<br>Associate<br>Hyundai Motor America                                | 100.00                      | 100.00   |                                       |
| 08/17/20           | Charles Mooney<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 1,000.00                    | 1,100.00   |                                       |
| 08/17/20           | Paula Tomei<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Managing Director<br>South Coast Repertory  | 100.00                      | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1,400.00</b>             |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>23</u> of <u>54</u>    |
| NAME OF FILER<br><b>Foley for Mayor 2020</b>   | I.D. NUMBER<br><b>1427044</b>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/18/20           | Tara Steele<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Self-Employed   | 100.00                      | 100.00   |                                       |
| 08/20/20           | Mathew Carver<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Barn Life, LLC   | 500.00                      | 500.00   |                                       |
| 08/20/20           | Seymour Everett<br>18300 Von Karmen, Suite 900<br>Irvine, CA 92612                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Everett Dorey   | 2,500.00                    | 2,500.00   |                                       |
| 08/22/20           | Laura Oatman<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Architect<br>Oatman Architects  | 249.00                      | 249.00   |                                       |
| 08/24/20           | Anne Andrews<br>4701 Von Karman Avenue, Suite 300<br>Newport Beach, CA 92660                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Partner Attorney<br>Andrews & Thornton  | 249.00                      | 249.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>3,598.00</b>             |  |                                       |

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(other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>24</u> of <u>54</u>  |  |                                |
| NAME OF FILER<br><b>Foley for Mayor 2020</b>   |  | I.D. NUMBER<br><b>1427044</b>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/24/20           | Mary Bayer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 20.20                       | 132.40   |                                       |
| 08/24/20           | Mary Bayer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 12.20                       | 132.40   |                                       |
| 08/24/20           | Elaine Bradley<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bartender<br>Bungalow   | 125.00                      | 225.00   |                                       |
| 08/24/20           | Karen Cohn<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 249.00                      | 249.00   |                                       |
| 08/24/20           | Irene Engard<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Bookkeeper<br>Dynamic Financial   | 50.00                       | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>454.40</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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| NAME OF FILER<br>Foley for Mayor 2020  | I.D. NUMBER<br>1427044         |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/24/20           | Cheryl Fischer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 50.00                       | 170.20   |                                       |
| 08/30/20           | Cheryl Fischer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 50.00                       | 170.20   |                                       |
| 09/12/20           | Cheryl Fischer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 20.20                       | 170.20   |                                       |
| 09/19/20           | Cheryl Fischer<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 50.00                       | 170.20   |                                       |
| 08/24/20           | Gretchen Fry-Harvey<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales Representative<br>Ticor Title Company   | 100.00                      | 150.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>270.20</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|                                       |                        |
|---------------------------------------|------------------------|
| NAME OF FILER<br>Foley for Mayor 2020 | I.D. NUMBER<br>1427044 |
|---------------------------------------|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/19/20           | Gretchen Fry-Harvey<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales Representative<br>Ticor Title Company   | 50.00                       | 150.00   |                                       |
| 08/24/20           | Jane Kearn<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Watt Tieser   | 100.00                      | 100.00   |                                       |
| 08/24/20           | Lizbeth McNabb<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | District Coordinator<br>State of California   | 100.00                      | 200.00   |                                       |
| 08/24/20           | Michael Moussalli<br>3505 Cadillac Avenue, Bldg M, Suite 101<br>Costa Mesa, CA 92626            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Se7enleaf  | 249.00                      | 249.00   |                                       |
| 08/24/20           | Audrey Prosser<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate<br>Self-Employed  | 25.00                       | 125.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>524.00</b>               |  |                                       |

\*Contributor Codes  
IND - Individual  
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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|                                       |                        |
|---------------------------------------|------------------------|
| NAME OF FILER<br>Foley for Mayor 2020 | I.D. NUMBER<br>1427044 |
|---------------------------------------|------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/24/20           | Michael Ray<br>4667 MacArthur Boulevard, Suite 420<br>Newport Beach, CA 92660                   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Real Estate Developer<br>Self - Sanderson J. Ray<br>Development                               | 249.00                      | 249.00   |                                       |
| 08/24/20           | Shaheen Sadeghi<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Lab L.P.   | 249.00                      | 249.00   |                                       |
| 08/24/20           | Nancy Skinner<br>[REDACTED]   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 50.00                       | 100.00   |                                       |
| 09/10/20           | Nancy Skinner<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 50.00                       | 100.00   |                                       |
| 08/24/20           | Bill Turpit<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Jackson Tidus   | 249.00                      | 249.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 847.00                      |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/25/20           | Casey Johnson<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Aitken Aitken Cohn  | 249.00                      | 249.00   |                                       |
| 08/25/20           | Irma Moisa<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Atkinson Andelson   | 249.00                      | 249.00   |                                       |
| 08/25/20           | Coralee Newman<br>1048 Irvine Avenue, Suite 618<br>Newport Beach, CA 92660                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Government Solutions,<br>Inc.   | 249.00                      | 249.00   |                                       |
| 08/25/20           | Orange County Employees Association<br>1121 L. Street, Suite 200<br>Sacramento, CA 95814        | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 5,000.00                    | 5,000.00   |                                       |
| 08/25/20           | Linda Sadeghi<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 249.00                      | 249.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>5,996.00</b>             |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| 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 THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 08/25/20           | Annette Wiley<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Architect<br>Wiley Architect   | 125.00                      | 125.00  |                                    |
| 08/26/20           | Kimberlee Belli<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Paralegal<br>The Foley Group, PLC  | 249.00                      | 249.00  |                                    |
| 08/26/20           | Adel Hijazi<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Long Beach Collectives<br>Association<br>Self-Employed                                     | 249.00                      | 249.00  |                                    |
| 08/26/20           | Jennifer Johnson<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed   | 249.00                      | 249.00  |                                    |
| 08/26/20           | Kiwi Nail Lounge LLC<br>4612 E. 2nd Street, Unit B<br>Long Beach, CA 90803                   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | 249.00                      | 249.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1,121.00</b>             |   |                                    |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/26/20           | Bassam Marjioya<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales Manager<br>Shishaland   | 249.00                      | 249.00   |                                       |
| 08/27/20           | Yael Aronoff<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self Employed   | 249.00                      | 249.00   |                                       |
| 08/27/20           | Susan Kuntz<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 200.00   |                                       |
| 08/27/20           | Elizabeth Parker<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Foundation Specialist<br>Coast Community<br>College District                                  | 150.00                      | 150.00   |                                       |
| 08/28/20           | Steve Dzida<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Dzida, Carey & Steinman   | 249.00                      | 249.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>997.00</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
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| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/28/20           | C. Mark Hopkins<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 100.00                      | 100.00   |                                       |
| 08/30/20           | Megan Anderson<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Librarian<br>Newport-Mesa Unified School District   | 100.00                      | 200.00   |                                       |
| 08/30/20           | Ivan Calderon<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Taco Mesa, Inc.  | 249.00                      | 249.00   |                                       |
| 08/31/20           | Tony Bedolla<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Agent<br>OC Professional Firefighters Association                                    | 100.00                      | 120.20   |                                       |
| 09/19/20           | Tony Bedolla<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Agent<br>OC Professional Firefighters Association                                    | 20.20                       | 120.20   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>569.20</b>               |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 08/31/20           | Suzanne Gauntlett<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Operations<br>Gauntlett & Associates  | 500.00                      | 1,000.00   |                                       |
| 08/31/20           | Stephanie Oddo<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Founder<br>Healthcare Mask<br>Collaborative   | 100.00                      | 100.00   |                                       |
| 08/31/20           | Harley Rouda<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | US Congressman  | 25.00                       | 225.00   |                                       |
| 09/19/20           | Harley Rouda<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | US Congressman  | 200.00                      | 225.00   |                                       |
| 09/04/20           | Orange County League of Conservative Voters<br>P.O. Box 1223961<br>Huntington Beach, CA 92647   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 300.00                      | 300.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1,125.00</b>             |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
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SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/04/20           | WAVE<br>2525 Ocean Boulevard, #A-2<br>Corona del Mar, CA 92625                                  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,000.00                    | 1,000.00   |                                       |
| 09/19/20           | Katherine Arthur<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Oil & Gas Engineer<br>State of California<br>DOGGR  | 249.00                      | 249.00   |                                       |
| 09/10/20           | CWA - COPE PCC<br>501 3rd Street, NW<br>Washington, DC 20001                                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,000.00                    | 1,000.00   |                                       |
| 09/13/20           | Gena Reed<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 250.00                      | 250.00   |                                       |
| 09/14/20           | Fritz Hoelscher<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 2,500.00                    | 2,500.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>4,999.00</b>             |  |                                       |

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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|  |                               |
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| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
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|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 08/30/20           | Judith Jelinek<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 250.00                      | 250.00   |                                       |
| 09/14/20           | Richard McNeil<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Crowell & Moring  | 250.00                      | 250.00   |                                       |
| 09/16/20           | Robert Gibson<br>1851 E. First Street, Suite 650<br>Santa Ana, CA 92705                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Gibson & Hughes   | 500.00                      | 1,500.00   |                                       |
| 09/16/20           | Javier Vasquez<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>MCPM   | 249.00                      | 249.00   |                                       |
| 09/16/20           | California Teamsters Public Affairs Council<br>1127 11th Street, Suite 512<br>Sacramento, CA 95814 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 249.00                      | 249.00   |                                       |
| <b>SUBTOTAL \$</b> |  |   |   | <b>1,498.00</b>             |  |                                       |

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 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>35</u> of <u>54</u>  |  |                                |
| NAME OF FILER<br><u>Foley for Mayor 2020</u>   |  | I.D. NUMBER<br><u>1427044</u>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 09/17/20           | UA Journeymen & Apprentices<br>18355 S. Figuero Street<br>Gardena, CA 90248                      | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 249.00                      | 249.00   |                                       |
| 09/17/20           | Orange County Professional Firefighters Assoc.<br>1342 Bell Avenue, Suite 3A<br>Tustin, CA 92780 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1,000.00                    | 1,000.00   |                                       |
| 09/18/20           | Cottie Petrie-Norris for Assembly 2020<br>1787 Tribute Road, Suite K<br>Sacramento, CA 95815     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 500.00   |                                       |
| 09/18/20           | Beth Hickman<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 100.00                      | 100.00   |                                       |
| 09/18/20           | Andrew Thornburn<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 500.00                      | 1,000.00   |                                       |
| <b>SUBTOTAL \$</b> |  |   |   | <b>2,349.00</b>             |  |                                       |

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>36</u> of <u>54</u>    |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/18/20           | Eric Traut<br>5 Hutton Centre, Suite 700<br>Santa Ana, CA 92707                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Traut Law Firm  | 250.00                      | 250.00   |                                       |
| 09/18/20           | Connor Traut<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mayor Pro-Tem<br>City of Buena Park   | 100.00                      | 100.00   |                                       |
| 09/18/20           | Joseph Weber<br>1503 South Coast Drive, #209<br>Costa Mesa, CA 92626                            | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Self-Employed   | 250.00                      | 250.00   |                                       |
| 09/19/20           | Lilia Ballesteros<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Rose Klein & Marias   | 100.00                      | 125.00   |                                       |
| 09/19/20           | Ada Briceno<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Co-President<br>UNITE HERE Local 11   | 100.00                      | 100.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>800.00</b>               |  |                                       |

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IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>37</u> of <u>54</u>    |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/19/20      | Mary Cappellini<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Self Employed   | 100.00                      | 100.00   |                                       |
| 09/19/20      | Kim Carr<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | National Sales Manager<br>KUSI-TV   | 100.00                      | 100.00   |                                       |
| 09/19/20      | Joelle Casteix<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Advocate<br>Self-Employed   | 250.00                      | 250.00   |                                       |
| 09/19/20      | Martin Diedrich<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner<br>Kean Coffee   | 100.00                      | 100.00   |                                       |
| 09/19/20      | Andrew Dorsey<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Business Owner<br>Social  | 500.00                      | 500.00   |                                       |

**SUBTOTAL \$ 1,100.00**

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>38</u> of <u>54</u>    |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/19/20           | John Hanna<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney/Business Agent<br>Southwest Regional<br>Council of Carpenters                        | 100.00                      | 100.00   |                                       |
| 09/19/20           | Michael Hickman<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 09/19/20           | Nancy Kriz<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 500.00                      | 500.00   |                                       |
| 09/19/20           | Stephanie Malauil<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Satterthwaite Malayil<br>Legal Group, P.C.  | 249.00                      | 249.00   |                                       |
| 09/19/20           | Phil Michels<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Self-Employed   | 250.00                      | 250.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1,199.00</b>             |  |                                       |

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       (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>39</u> of <u>54</u>    |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/19/20           | Susan Naples<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Property Manager<br>Cardinal Property Management  | 100.00                      | 100.00   |                                       |
| 09/19/20           | Keith Scheinberg<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney<br>Self-Employed   | 100.00                      | 100.00   |                                       |
| 09/19/20           | Linda Schulein<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 09/19/20           | Jen Solano<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Administrator<br>Special Education -<br>Tustin Unified School District                        | 100.00                      | 100.00   |                                       |
| 09/19/20           | Don Stall<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 249.00                      | 249.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>649.00</b>               |  |                                       |

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       (other than PTY or SCC)  
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>40</u> of <u>54</u>    |

|  |                               |
|--|-------------------------------|
| NAME OF FILER<br><b>Foley for Mayor 2020</b> | I.D. NUMBER<br><b>1427044</b> |
|--|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/19/20      | Timothy Steed<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Assistan General<br>Manager - OC<br>Employees Association                                     | 100.00                      | 200.00   |                                       |
| 09/19/20      | Tammy Tran<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Senior Community<br>Liaison - Southern<br>California Edison                                   | 100.00                      | 100.00   |                                       |
| 09/19/20      | Ralph Taboada<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |
| 09/19/20      | KyMBER Ward<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Chief Operating Officer<br>Yummi Karma  | 100.00                      | 100.00   |                                       |
| 09/18/20      | Thomas E. Arnold<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 500.00                      | 3,100.00   |                                       |

**SUBTOTAL \$ 900.00**

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 IND - Individual  
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       (other than PTY or SCC)  
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 SCC - Small Contributor Committee



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
|  |  |                                |
| NAME OF FILER<br><u>Foley for Mayor 2020</u>   |  | I.D. NUMBER<br><u>1427044</u>  |

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/18/20           | Karen Clark<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired Attorney  | 100.00                      | 100.00   |                                       |
| 09/09/19           | Diane Dunn<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Library Assistant<br>UCI  | 249.00                      | 249.00   |                                       |
| 09/19/20           | Melihat Rafiei<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Consultant<br>Self-Employed   | 249.00                      | 249.00   |                                       |
| 08/28/20           | Susan Tate<br>[REDACTED]  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Not Employed  | 249.00                      | 249.00   |                                       |
| 09/19/20           | Timothy Steed<br>[REDACTED]   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Assistant General<br>Manager - OC<br>Employees Association                                    | 100.00                      | 200.00   |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>947.00</b>               |  |                                       |

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(other than PTY or SCC)  
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SCC - Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>42</u> of <u>54</u> |
| I.D. NUMBER<br>1427044   |                             |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

| 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) | DESCRIPTION OF GOODS OR SERVICES                              | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--|--|---|--|---|---------------------------|---|------------------------------------|
| 09/19/20   | The Foley Group, PLC<br>1072 Bristol Street, Suite 101<br>Costa Mesa, CA 92626               | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | office rent, telephone, receptionist, internet,               | 3,000.00                  |   |                                    |
|  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | computer, scanner, storage, unlimited photocopying            |                           |   |                                    |
|  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | & printing & periodic staffing<br>07/01/20 - 09/01/20         |                           |   |                                    |
| 07/29/20   | Playa Mesa<br>428 East 17th Street<br>Costa Mesa, CA 92627                                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  | Margarita Kits for guests participating in virtual fundraiser | \$90.00                   |   |                                    |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |  |   |  |   | <b>SUBTOTAL \$</b>        | 3,090.00  |                                    |

**Schedule C Summary**

|   |                 |                 |
|---|-----------------|-----------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.).....                                    | \$              | <u>3,792.50</u> |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....  | \$              | <u>0</u>        |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | <b>TOTAL \$</b> | <u>3,792.50</u> |

**\*Contributor Codes**  
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**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>43</u> of <u>54</u>    |
| I.D. NUMBER<br><b>1427044</b>   |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

| DATE RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES                             | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--|---|---|---|--|---------------------------|--|---------------------------------------|
| 08/26/20   | Old Vine Kitchen & Bar<br>2937 Bristol Street, A-103<br>Costa Mesa, CA 92626                    | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | Wine + Gift Cert.<br>for Virtual Tasting<br>Fundraiser Event | 702.50                    |  |                                       |
|  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |                           |  |                                       |
|  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |                           |  |                                       |
|  |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |  |                           |  |                                       |
| <i>Attach additional information on appropriately labeled continuation sheets.</i> |   |   |   |  | <b>SUBTOTAL \$</b>        | <b>702.50</b>  |                                       |

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0.00
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** \_\_\_\_\_

\*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

**Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

|  |  |                                |
|--|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> |  | <b>CALIFORNIA<br/>FORM 460</b> |
| Page <u>44</u> of <u>54</u>  |  |                                |
| NAME OF FILER<br>Foley for Mayor 2020  |  | I.D. NUMBER<br>1427044         |

SEE INSTRUCTIONS ON REVERSE

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 05/31/20           | Loren Gameros for City Council 2020   | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           | 100.00             | 100.00  |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           |                    |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 100.00
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL .. \$ 100.00**

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|                         |                |                               |
|-------------------------|----------------|-------------------------------|
| Statement covers period |                | CALIFORNIA<br>FORM <b>460</b> |
| from                    | July 1, 2020   |                               |
| through                 | Sept. 19, 2020 | Page <u>45</u> of <u>54</u>   |
| NAME OF FILER           |                | I.D. NUMBER                   |
| Foley for Mayor 2020    |                | 1427044                       |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Constant Contact<br>1601 Trapelo Road<br>Waltham, MA 02451          | WEB  |    |                        | 115.00      |
| COGS South<br>3309 South Main Street<br>Santa Ana, CA 92707         | CMP  |    |                        | 6,341.96    |
| Staples<br>4343 MacArthur Boulevard<br>Newport Beach, CA 92660      | OFC  |    |                        | 140.05      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 6,597.01

**Schedule E Summary**

|   |                 |                  |
|---|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 57,769.69        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 215.72           |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....                   | \$              | 0                |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | <b>TOTAL \$</b> | <b>57,985.41</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept. 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>46</u> of <u>54</u>    |
|  | I.D. NUMBER<br>1427044         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)              | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| City of Costa Mesa - City Clerks Office<br>77 Fair Drive<br>Costa Mesa, CA 92626 | FIL     | Candidate Filing       | 765.99      |
| Deane and Company<br>1787 Tribute Road, Suite K<br>Sacramento, CA 95815          | PRO     | Treasurer              | 898.92      |
| Deane and Company<br>1787 Tribute Road, Suite K<br>Sacramento, CA 95815          | PRO     | Treasurer              | 701.50      |
| Deane and Company<br>1787 Tribute Road, Suite K<br>Sacramento, CA 95815          | PRO     | Treasurer              | 1,148.92    |
| Presidio Stategies LLC<br>9450 SW Gemini Drive, #98498<br>Beaverton, OR 97008    | PRO     | Digital Marketing      | 13,400.00   |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 16,915.33**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>July 1, 2020</u><br>through <u>Sept 19, 2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>47</u> of <u>54</u>    |
|   | I.D. NUMBER<br>1427044         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | FET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                       | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| DeSnoo & DeSnoo<br>P. O. Box 11426<br>Santa Ana, CA 92711                                 | CNS     |                        | 3,000.00    |
| CAL SAL<br>22410 Hawthorn Boulevard, Suite 5<br>Torrance, CA 90505                        | LIT     | Slatemailer            | 1,058.00    |
| Political Data, Inc.<br>P.O. Box 59570<br>Norwalk, CA 90652                               |         | Software Organizing    | 1,700.00    |
| Larry Levine's Election Digest<br>22410 Hawthorn Boulevard, Suite 5<br>Torrance, CA 90505 | LIT     | Slatemailer            | 1,804.00    |
| Budget Watch Dogs<br>22410 Hawthorn Boulevard, Suite 5<br>Torrance, CA 90505              | LIT     | Slatemailer            | 3,208.00    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 10,770.00**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |                |                                |
|-------------------------|----------------|--------------------------------|
| Statement covers period |                | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | July 1, 2020   |                                |
| through                 | Sept. 19, 2020 | Page <u>48</u> of <u>54</u>    |
| NAME OF FILER           |                | I.D. NUMBER                    |
| Foley for Mayor 2020    |                | 1427044                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | FET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                             | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| California Voter Guide<br>22410 Hawthorn Boulevard, Suite 5<br>Torrance, CA 90505               | LIT  |    | Slatemailer            | 1,096.00    |
| DeSnoo & DeSnoo<br>P. O. Box 11426<br>Santa Ana, CA 92711                                       | LIT  |    |                        | 12,500.00   |
| Continuing the Republic Revolution<br>1300 Bristol Street, Suite 100<br>Newport Beach, CA 92660 | LIT  |    | Slatemailer            | 900.00      |
| Constant Contact<br>1601 Trapelo Road, Suite 329<br>Waltham, MA 02451                           | WEB  |    |                        | 115.00      |
| DeSnoo & DeSnoo<br>P. O. Box 11426<br>Santa Ana, CA 92711                                       | LIT  |    |                        | 2,912.74    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 17,523.74**



**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |                |                                |
|-------------------------|----------------|--------------------------------|
| Statement covers period |                | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | July 1, 2020   |                                |
| through                 | Sept. 19, 2020 | Page 49 of 54                  |
| NAME OF FILER           |                | I.D. NUMBER                    |
| Foley for Mayor 2020    |                | 1427044                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT               | AMOUNT PAID |
|---|---------|--------------------------------------|-------------|
| Act Blue<br>P. O. Box 441146<br>Somerville, MA 02144                |         | July 2020 merchant fees              | 59.57       |
| Act Blue<br>P. O. Box 441146<br>Somerville, MA 02144                |         | August 2020 merchant fees            | 182.20      |
| Act Blue<br>P. O. Box 441146<br>Somerville, MA 02144                |         | September 2020 merchant fees         | 25.64       |
| Anedot<br>5555 Hilton Avenue, Suite 106<br>Baton Rouge, LA 70808    |         | 07/01/20 - 07/15/20<br>merchant fees | 110.26      |
| Anedot<br>5555 Hilton Avenue, Suite 106<br>Baton Rouge, LA 70808    |         | 07/16/20 - 07/30/20<br>merchant fees | 80.23       |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 457.90**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |                |                                |
|-------------------------|----------------|--------------------------------|
| Statement covers period |                | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | July 1, 2020   |                                |
| through                 | Sept. 19, 2020 | Page <u>50</u> of <u>54</u>    |
| NAME OF FILER           |                | I.D. NUMBER                    |
| Foley for Mayor 2020    |                | 1427044                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | FET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT                             | AMOUNT PAID |
|---|---------|--|-------------|
| Anedot<br>5555 Hilton Avenue, Suite 106<br>Baton Rouge, LA 70808    |         | 08/01/20 - 08/15/20<br>merchant fees               | 16.57       |
| Anedot<br>5555 Hilton Avenue, Suite 106<br>Baton Rouge, LA 70808    |         | 08/16/20 - 08/30/20<br>merchant fees               | 135.20      |
| Anedot<br>5555 Hilton Avenue, Suite 106<br>Baton Rouge, LA 70808    |         | 09/01/20 - 09/19/20<br>merchant fees               | 110.71      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | PRO     | Payroll Processing<br>08/11/20 - 08/25/20          | 116.12      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll for Kimberlee Belli<br>08/11/20 - 08/25/20 | 62.79       |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 441.39

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |               |                                |
|-------------------------|---------------|--------------------------------|
| Statement covers period |               | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | July 1, 2020  |                                |
| through                 | Sept 19, 2020 | Page <u>51</u> of <u>54</u>    |
| NAME OF FILER           |               | I.D. NUMBER                    |
| Foley for Mayor 2020    |               | 1427044                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT                           | AMOUNT PAID |
|---|---------|--|-------------|
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll for Adam Cavecche<br>08/11/20 - 08/25/20 | 118.75      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll for Avery Counts<br>08/11/20 - 08/25/20  | 599.67      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll for Susan Dvorak<br>08/11/20 - 08/25/20  | 1,180.75    |
| ActBlue   | FND     | June merchant fees                               | 51.00       |
| Constant Contact  | WEB     |  | 115.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2,065.17**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |                |                                |
|-------------------------|----------------|--------------------------------|
| Statement covers period |                | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | July 1, 2020   |                                |
| through                 | Sept. 19, 2020 | Page <u>52</u> of <u>54</u>    |
| NAME OF FILER           |                | I.D. NUMBER                    |
| Foley for Mayor 2020    |                | 1427044                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|---|-------------|
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll taxes, workerscomp and deductions for Kimberlee Belli, Adam Cavecche, Avery Counts and Susan Dvorak | 698.52      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | PRO     | Payroll Procession  | 118.14      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll for Kimberlee Belli<br>08/26/20 - 09/10/20  | 187.27      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll for Adam Cavecche<br>08/26/20 - 09/10/20  | 200.97      |
| Paychex<br>1535 Scenic Avenue, Suite 100<br>Costa Mesa, CA 92626    | SAL     | Payroll for Avery Counts<br>08/26/20 - 09/10/20   | 1,124.04    |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2,328.94**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

|                         |                |                                |
|-------------------------|----------------|--------------------------------|
| Statement covers period |                | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | July 1, 2020   |                                |
| through                 | Sept. 19, 2020 | Page <u>53</u> of <u>54</u>    |
| NAME OF FILER           |                | I.D. NUMBER                    |
| Foley for Mayor 2020    |                | 1427044                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MTG meetings and appearances                  | RAD radio airtime and production costs                        |
| CNS campaign consultants  | OFC office expenses                           | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | FET petition circulating                      | SAL campaign workers' salaries                                |
| CVC civic donations   | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | POL polling and survey research               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRT print ads                                 | VOT voter registration  |
| LIT campaign literature and mailings                              |   | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE OR | DESCRIPTION OF PAYMENT  | AMOUNT PAID |
|---|---------|---|-------------|
| Paychex<br>1035 Scenic Avenue, Suite100<br>Costa Mesa, CA 92626           | SAL     | Payroll taxes, workerscomp and deductions for Kimberlee Belli, Adam Cavecche, Avery Counts and Susan Dvorak | 486.93      |
| Kimberlee Belli<br>1072 Bristol Street, Suite 100<br>Costa Mesa, CA 92626 | OFC     | Reimbursement for office supplies and postage   | 183.28      |
|   |         |   |             |
|   |         |   |             |
|   |         |   |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 670.21**

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from July 1, 2020  
through Sept. 19, 2020

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

I.D. NUMBER

1427044

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT  | AMOUNT OF INCREASE TO CASH |
|---------------|---|-------------------------|----------------------------|
| 09/01/20      | Stephens for Costa Mesa D1 2020   | shared payroll expenses | 3,000.00                   |
|               |   |                         |                            |
|               |   |                         |                            |
|               |   |                         |                            |
|               |   |                         |                            |
|               |   |                         |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 3,000.00**

**Schedule I Summary**

|   |                          |
|---|--------------------------|
| 1. Itemized increases to cash this period. ....   | \$ 3,000.00              |
| 2. Unitemized increases to cash of under \$100 this period. ....  | \$ 0                     |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....                            | \$ 0                     |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... | <b>TOTAL \$ 3,000.00</b> |