

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK

| | | | | |
|--|--|---|-------------------------------------|---|
| NAME OF FILER Foley for Mayor 2020 | | Date of This Filing 10/07/20 | Date Stamp 20 OCT 12 AM 8:13 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 949-502-8800 | I.D. NUMBER (if applicable) 1427044 | Report No. 13 | CITY OF COSTA MESA BY [REDACTED] | |
| STREET ADDRESS 1072 Bristol Street, Suite 101 | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Costa Mesa | STATE CA | ZIP CODE 92660 | No. of Pages 1 | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small> | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small> | AMOUNT RECEIVED |
|---------------|--|---|--|--|
| 10/9/20 | Charles Mooney [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 1,000.00 <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% <small>Provide interest rate</small> |

Reason for Amendment: _____

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