

**497 Contribution Report**

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER Foley for Mayor 2020		Date of This Filing 10/07/20	CITY CLERK 20 OCT 13 PM 4:13 CITY OF COSTA MESA BY <i>ggj</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 949-502-8800	I.D. NUMBER (if applicable) 1427044	Report No. 14		
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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/30/20	Peninsula Restaurant Group 3334 E. Coast Highway, Suite 418 Corona del Mar, CA 92626	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

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