Recipient Committee Campaign Statement Cover Page

**FORM Cover Page** Statement covers period Date of election if applicable: (Month, Day, Year) For Official Use Only September 20, 2020 from October 17, 2020 November 3, 2020 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ✓ Officeholder, Candidate Controlled Committee ☐ Primarily Formed Ballot Measure ✓ Preelection Statement **Quarterly Statement** O State Candidate Election Committee Committee Semi-annual Statement ☐ Special Odd-Year Report ○ Recall O Controlled Termination Statement (Also Complete Part 5) O Sponsored (Also file a Form 410 Termination) (Also Complete Part 6) Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1427044 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Kimberlee Belli Foley for Mayor 2020 MAILING ADDRESS 1072 Bristol Street, Suite 101 STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE 1072 Bristol Street, Suite 101 Costa Mesa CA 92626 949-502-8800 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY Costa Mesa CA 92626 949-502-8800 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS 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 ature of Treasurer or Assistant Treasure older, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

**COVER PAGE** 

**CALIFORNIA** 

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIF FC	ORNIA ORM	\ <u> </u>	<del>1</del> 60		
Page _	2	of	28		

NAME OF OFFICEHOLDER OR CANDIDATE		<u> </u>	NAM	E OF BALLOT MEASURE				
Katrina Foley								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER	R IF APPLICABLE)	BALL	LOT NO. OR LETTER	JURISDICTI	ON	Te	<b>.</b>
•		/ / 2.0/ 2.2/						] SUPPORT ] OPPOSE
Mayor of Costa Mesa		AT. 212	_					
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S		STATE ZIP	lden	ntify the controlling offic	eholder, cand	idate, or state	measure prop	onent. if anv.
1072 Bristol Street	Costa Mesa	CA 92626		E OF OFFICEHOLDER, CA		·		
				ie or orrioenoesen, or	, OICT	(O) ONLIV		
Related Committees Not Included			OFF	ICE SOUGHT OR HELD			DISTRICT NO.	F ANN
not included in this statement that are contro contributions or make expenditures on behal		arily formed to receive	OFF	ICE SOUGHT OR HELD			DISTRICT NO.	FANY
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COMMITTEE NAME		OLLED COMMITTEE?	7. Prii	marily Formed Can	didate/Offic	ceholder Co	ommittee <i>Li</i> primarily forme	st names of d.
COMMITTEE NAME	CONTR	OLLED COMMITTEE?	offic	marily Formed Can ceholder(s) or candidate(s	s) for which thi	s committee is	ommittee Li.	d.
COMMITTEE NAME  NAME OF TREASURER	CONTR	OLLED COMMITTEE?	offic	eholder(s) or candidate(s	s) for which thi	s committee is	primarily forme	st names of d.
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRE	CONTR	OLLED COMMITTEE?	NAM	eholder(s) or candidate(s	s) for which this	OFFICE SOU	primarily forme	d.
COMMITTEE NAME  NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRE	CONTR	OLLED COMMITTEE?	NAM	eholder(s) or candidate(s	s) for which this	OFFICE SOU	primarily forme	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTR  YI  ESS (NO P.O. BOX)  ATE ZIP CODE	OLLED COMMITTEE? ES NO  AREA CODE/PHONE	NAM	eholder(s) or candidate(s	s) for which this	OFFICE SOU	primarily forme	d.
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## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Contributions Passivad	Column A	Column B	Calendar Year Sum	mary for Candidates
Foley for Mayor 2020				1427044
AME OF FILER				I.D. NUMBER
EE INSTRUCTIONS ON REVERSE		through	October 17, 2020	Page3 of28
Summary Page	to whole dollars.		tement covers period September 20, 2020	california 460

Monetary Contributions	,,					
Monetary Contributions	Contributions Received	(	TOTAL THIS PERIOD		CALENDAR YEAR	Running in Both the State Primary and
Loans Received	Monetary Contributions Schedule A. Line 3	\$	14,960.00	\$	96,047.20	
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 S	•	Í				
TOTAL CONTRIBUTIONS RECEIVED  Add Lines 3 + 4 \$ 21,857.18 \$ 106, 736.88      Xependitures Made	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$		\$		
Expenditures Made Payments Made Schedule H, Line 3 O SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 SUBTOTAL CASH PAYMENTS Accrued Expenses (Unpaid Bills) O Nonmonetary Adjustment Schedule C, Line 3 O Nonmonetary Adjustment Schedule C, Line 3 O Nonmonetary Adjustment Schedule C, Line 3 O Nonmonetary Adjustment Schedule L, Line 3 O Nonmonetary Adjustment Schedule C, Line 3 O Nonmo	4. Nonmonetary Contributions Schedule C, Line 3		6,897.18			21. Expenditures
Payments Made Schedule E, Line 4 \$ 13,691.13 \$ 72,688.41   Loans Made Schedule H, Line 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	21,857.18	\$	106, 736.88	Made \$ \$
Loans Made	Expenditures Made					Expenditure Limit Summary for State
SUBTOTAL CASH PAYMENTS.  Add Lines 6+7 \$ 13,691.13 \$ 72,688.41  Accrued Expenses (Unpaid Bills).  Schedule F, Line 3 0 0 0  Nonmonetary Adjustment.  Schedule C, Line 3 0 0  TOTAL EXPENDITURES MADE.  Add Lines 8+9+10 \$ 13,691.13 \$ 72,688.41  Surrent Cash Statement  2. Beginning Cash Balance.  Previous Summary Page, Line 16 \$ 25,676.22 14,960.00  4. Miscellaneous Increases to Cash.  Schedule I, Line 4 0 0  S. Cash Payments.  Column A, Line 8 above If this is a termination statement, Line 16 must be zero.  Cash Equivalents and Outstanding Debts  8. Cash Equivalents.  See instructions on reverse \$ 0 0  9. Outstanding Debts.  Add Line 2 + Line 9 in Column B above \$ 0  Outstanding Debts.  Add Line 2 + Line 9 in Column B above \$ 0  FPPC Form 460 (Jan/2)  FPPC Advice: advice@fippc.ca.gov (866/275-3)	·	\$		\$	72,688.41	Candidates
SUBTOTAL CASH PAYMENTS.  Accrued Expenses (Unpaid Bills).  Schedule F, Line 3  O. Nonmonetary Adjustment  Schedule C, Line 3  O. Nonmonetary Adjustment  Schedule C, Line 3  O. TOTAL EXPENDITURES MADE  Add Lines 8 + 9 + 10  Segmining Cash Balance  Previous Summary Page, Line 16  S. Cash Receipts  Column A, Line 3 above 4. Miscellaneous Increases to Cash  Schedule I, Line 4  S. Cash Payments  Column A, Line 8 above 5. Cash Payments  Column A, Line 8 above 6. ENDING CASH BALANCE  Add Lines 12 + 13 + 14, then subtract Line 15  To calculate Column B, add amounts in Column A to the corresponding be of your last report. Some 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 a termination statement, Line 16 must be zero.  Cash Equivalents and Outstanding Debts  S. Cash Equivalents  See instructions on reverse 9. Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 2 + Line 9 in Column B above  S. Do Outstanding Debts  Add Line 4 + Line 8 above and the column B above and t					0	22. Cumulative Expenditures Made*
D. Nonmonetary Adjustment				\$	_	(If Subject to Voluntary Expenditure Limit)
1. TOTAL EXPENDITURES MADE			E.			
Surrent Cash Statement  2. Beginning Cash Balance Previous Summery Page, Line 16 \$ 25,676.22 3. Cash Receipts 14,960.00 4. Miscellaneous Increases to Cash Schedule 1, Line 4 5. Cash Payments Column A, Line 8 above If this is a termination statement, Line 16 must be zero.  7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0 9. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0 9. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0  See previous Summery Page, Line 16 \$ 25,676.22 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 14,960.00 15,000.00 16,000.00 16,000.00 16,000.00 16,000.00 16,000.00 17,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.00 18,000.0						(mm/dd/yy)
2. Beginning Cash Balance	11. TOTAL EXPENDITURES MADE	\$	13,691.13	\$	/2,688.41	\$
To calculate Column B, add amounts in Column A, Line 3 above 4. Miscellaneous Increases to Cash Schedule I, Line 4 5. Cash Payments Column A, Line 8 above 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 8. Cash Equivalents and Outstanding Debts 8. Cash Equivalents See instructions on reverse 9. Outstanding Debts Add Line 2 + Line 9 in Column B above 9. Outstanding Debts Add Line 2 + Line 9 in Column B above  14,960.00 14,960.00 14,960.00 13,691.13 26,945.09 13,691.13 26,945.09 15 this is 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).  FPPC Form 460 (Jan/2) FPPC Advice: advice@fppc.ca.gov (866/275-3)	Current Cash Statement		· · · · · · · · · · · · · · · · · · ·		<del>-</del>	/ \$
4. Miscellaneous Increases to Cash Schedule I, Line 4 5. Cash Payments Column A, Line 8 above 6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 6. ENDING CASH BALANCE Schedule B, Part 2 7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 8. Cash Equivalents and Outstanding Debts 8. Cash Equivalents — See instructions on reverse \$ 0 9. Outstanding Debts — Add Line 2 + Line 9 in Column B above \$ 0  FPPC Form 460 (Jan/2) FPPC Advice: advice@fppc.ca.gov (866/275-3)	12. Beginning Cash Balance Previous Summary Page, Line 16	\$	-	То	calculate Column B,	
4. Miscellaneous Increases to Cash	13. Cash Receipts Column A, Line 3 above					
6. ENDING CASH BALANCE	4. Miscellaneous Increases to Cash Schedule I, Line 4			am	ounts from Column B	
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).  See instructions on reverse \$ 0  Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0  FPPC Form 460 (Jan/2)  FPPC Advice: advice@fppc.ca.gov (866/275-3)	5. Cash Payments Column A, Line 8 above					
If this is a termination statement, Line 16 must be zero.  7. LOAN GUARANTEES RECEIVED	6. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	26,945.09			
7. LOAN GUARANTEES RECEIVED	If this is a termination statement, Line 16 must be zero.			pre	vious period amounts. If	
8. Cash Equivalents and Oddstanding Debts  9. Outstanding Debts	7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file onl	d for this calendar year, y carry over the amounts	
8. Cash Equivalents	Cash Equivalents and Outstanding Debts					
9. Outstanding Debts	18. Cash Equivalents See instructions on reverse	\$	0		<del>.</del> 1/	
	19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0			FPPC Form 460 (Jan/201
				1		FPPC Advice: advice@fppc.ca.gov (866/275-37: www.fppc.ca.g

Schedule	A	
Monetary	<b>Contributions</b>	Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 460

Statement covers period

				from September	er 20, 2020	FC	DRM TOO
	ONS ON REVERSE			through Octobe	er 17, 2020	Page .	4 of 28
Foley for N	Mayor 2020					1.D. NUI 14270	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/14/20	Vicki Angel	☑ IND □ COM □ OTH □ PTY □ SCC	Teaching Artist LCE	200.00	200.0	00	
09/30/20	Thomas E. Arnold	☑IND □COM □OTH □PTY □SCC	Retired	249.00	3,349.0	00	9
09/22/20	James Baur	☑IND □COM □OTH □PTY □SCC	Finance Metropolitan	249.00	249.	00	
10/7/20	Tod Beckett-Frank	IND COM OTH PTY SCC	Not-Employed	100.00	100.	00	
09/20/20	Chris Bennett	☑IND □COM □OTH □PTY □SCC	Real Estate CMC	100.00	100.	00	
			SUBTOTAL \$	898.00			
Schedule A Summary  1. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)					*Contributor Codes IND Individual COM Recipient Committee (other than PTY or SCC)		al ent Committee han PTY or SCC)
2. Amount received this period – unitemized monetary contributions of less than \$100\$						OTH – Other (e.g., business entity PTY – Political Party SCC – Small Contributor Committe	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	14,960.00	300		C Form 460 (Jan/2016)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

**CALIFORNIA** 

**FORM** 

Statement covers period

from September 20, 2020

				through October	17, 2020	Page	5 of 2	8
NAME OF FILER								
Foley for Ma	ayor 2020					142704	4	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTI TO DATE (IF REQUIRE	
09/20/20	Patricia Bonilla	☑IND □COM □OTH □PTY □SCC	Manager El Toro Bravo Tortilleria	50.00	50.	00		
09/27/20	Dennis Bress	☑IND □COM □OTH □PTY □SCC	Sales DBSR	20.20	359.	60		
09/30/20	Dennis Bress	IND COM OTH PTY	Sales DBSR	20.20	359.	60		
09/20/20	Lisa Bucanan	IND COM OTH PTY SCC	Bookkeeper Self-Employed	25.00	145.:	20		•
10/10/20	Lisa Bucanan	☑ IND □ COM □ OTH □ PTY □ SCC	Bookkeeper Self-Employed	25.00	145.2	20		
			SUBTOTAL \$	140.40	Hall mas			

\*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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020 through October 17, 2020	CALIFORNIA 460 FORM 460 Page 6 of 28
AME OF FILER	-		I.D. NUMBER
Foley for Mayor 2020			1427044

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)
09/30/20	Elizabeth Cowan/Chadwick	☑IND □COM □OTH □PTY □SCC	Retired	25.00	125.00	
09/30/20	Elizabeth Cowan/Chadwick	IND   COM   OTH   PTY   SCC	Retired	50.00	125.00	
10/07/20	Rebecca Cowan/Chadwick	☑IND □COM □OTH □PTY □SCC	Retired	25.00	125.00	
10/07/20	Rebecca Cowan/Chadwick	☑IND □COM □OTH □PTY □SCC	Retired	50.00	125.00	
10/02/20	Lori Dauncey	☑IND □COM □OTH □PTY □SCC	Teacher's Assistant Newport Mesa Unified School District	27.00	127.40	
		177.00				

\*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

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020	CALIFORNIA 460
		through October 17, 2020	Page7 of28
NAME OF FILER			I.D. NUMBER
Foley for Mayor 2020			1427044
		AAAOLINIT	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
10/17/20	Lori Dauncey	DIND COM OTH PTY SCC	Teacher's Assistant Newport Mesa Unified School District	5.00	127.40	
10/01/20	District Council of Iron Workers 1660 San Pablo Avenue, Suite C Pinole, CA 94564	☐IND ☐COM ☐OTH ☐PTY ☐SCC		249.00	249.00	
09/29/20	Linda Dixon	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
09/24/20	Drive Committee 25 Louisiana Avenue, NW Washinton, DC 20001	□IND □COM □OTH □PTY □SCC		249.00	249.00	
10/16/20	Kathy Esfahani	☑IND □COM □OTH □PTY □SCC	Attorney California Court of Appeal	50.00	300.00	
			SUBTOTAL\$	653.00		

\*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

Type or print in ink.

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020	california 460
		through October 17, 2020	Page 8 of 28
IAME OF FILER			I.D. NUMBER
Foley for Mayor 2020			1427044
		, , , , , , , , , , , , , , , , , , ,	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
09/28/20	Peggie Fariss	IND   COM   OTH   PTY   SCC	Retired	20.20	329.80	
09/27/20	Mark Fitt	DIND COM OTH PTY SCC	Not Employed	500.00	500.00	
10/16/20	Roberta Fox	DIND COM OTH PTY SCC	Not Employed	27.00	102.00	
09/24/20	Carina Franck-Pantone	DIND COM OTH PTY SCC	Consultant/Fundraiser Self-Employed	20.20	185.80	
10/14/20	Inez Freeman-Beaver	☑IND □COM □OTH □PTY □SCC	Retired	25.00	225.00	
	2		SUBTOTAL\$	592.40		

\*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

Type or print in ink.

SCHEDULE A (CONT.)

Monetary	etary Contributions Received		Amounts may be rounded to whole dollars.		ers period er 20, 2020	CALIF FC	ORNIA DRM	460
				through Octobe	er 17, 2020	Page _	9	of
NAME OF FILER			_			I.D. NUN	MBER	_
Foley for M	ayor 2020	· · · · · · · · · · · · · · · · · · ·				14270	)44	
	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER	ELECTION

			- <del></del>			
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)
10/17/20	Dinah Frieden	☑IND □COM □OTH □PTY □SCC	Retired	27.00	227.00	
09/24/20	Gretchen Fry-Harvey	☑IND □COM □OTH □PTY □SCC	Sales Representative Ticor Title Company	50.00	227.00	
10/07/20	Gretchen Fry-Harvey	☑IND □COM □OTH □PTY □SCC	Sales Representative Ticor Title Company	27.00	227.00	
09/29/20	Terri Fuqua	☑IND □COM □OTH □PTY □SCC	Retired	20.20	231.00	
09/22/20	Pamela Gilmour	☑IND □COM □OTH □PTY □SCC	Not Employed	250.00	250.00	
			SUBTOTAL\$	374.20		

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from September 20, 2020	california 460
through October 17, 2020	Page 10 of 28
	I.D. NUMBER 1427044

Foley for Mayor 2020 AMOUNT PER ELECTION IF AN INDIVIDUAL, ENTER CUMULATIVE TO DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED **PERIOD** (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME (JAN. 1 - DEC. 31) OF BUSINESS) **☑**IND Eva Goodwin-Noriega Retired СОМ 10/14/20 20.20 153.60 Потн **□**PTY □scc **☑**IND Eva Goodwin-Noriega Retired □сом 10/16/20 36.00 153.60 **□**OTH □PTY □scc □IND Hero Oak, LLC Псом 09/24/20 249.00 249.00 3843 S. Bristol Street, #618 **☑**OTH Santa Ana, CA 92704 □ PTY □scc **☑**IND Kristen Howerton Author □сом 09/30/20 100.00 400.00 Rage Against the Minivan □oтн PTY □scc □IND **IBEW PAC Educational Fund** ☑ COM 09/20/20 245.00 245.00 900 Seventh Street, N.W. Потн Washington, DC 20001 □ PTY □scc SUBTOTAL\$ 650.20

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(other than PTY or SCC)

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PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Received Amounts may be rounded to whole dollars.  Statement covers period from September 20, 2020		CALIFORNIA 460
		through October 17, 2020	Page 11 of 28
NAME OF FILER			I.D. NUMBER
Foley for Mayor 2020			1427044

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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)
09/29/20	Joanna Jost	☑IND □COM □OTH □PTY □SCC	Analyst Hyundai	20.20	180.80	
09/24/20	Beth Krom	☑IND □COM □OTH □PTY □SCC	Consultant Self-Employed	100.00	200.00	
10/08/20	Laborers International Union of North America 1532 Chestnut Avenue Santa Ana, CA 92701	☐IND ☐COM ☐OTH ☐PTY ☐SCC		249.00	2,749.00	
09/21/20	Michael Lauria	☑IND □COM □OTH □PTY □SCC	Product Manager Oracle	500.00	500.00	
10/07/20	Julie Lawson	☑IND □COM □OTH □PTY □SCC	Office Manager Seaside Marina	200.00	200.00	
			SUBTOTAL\$	1,069.20		

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SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from September 20, 2020	CALIFORNIA 460
through October 17, 2020	Page 12 of 28
	I.D. NUMBER
	1/270//

Foley for Mayor 2020 AMOUNT IF AN INDIVIDUAL, ENTER **CUMULATIVE TO DATE** PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE RECEIVED THIS TODATE OCCUPATION AND EMPLOYER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) OF BUSINESS) Lockyear Controller 2022 **☑** COM 09/21/20 249.00 249.00 5429 Madison Avenue □oтн Sacramento, CA 95841 **□**PTY SCC Lotus Brands, LLC ПСОМ 10/05/20 249.00 249.00 3334 East Coast Highway, #444 **☑**OTH Corona del Mar, CA 92625 □ PTY □scc **☑**IND Flo Martin Retired □сом 10/12/20 249.00 1,849.00 ⊟отн PTY □scc **IND** Flo Martin Retired □сом 10/17/20 100.00 1,849.00 ⊟отн □ PTY □scc **☑** IND Bill McCarty Manager □СОМ 10/02/20 20.20 123.10 Dell □отн PTY ⊟scc

SUBTOTAL\$

867.20

\*Contributor Codes

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(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (C	ON.	T.)
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ounded rs.	Statement covers period from September 20, 2020	california 460
	through October 17, 2020	Page 13 of 28
		I.D. NUMBER
		1/270//

Foley for Mayor 2020 AMOUNT PER ELECTION CUMULATIVE TO DATE IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR RECEIVED THIS OCCUPATION AND EMPLOYER CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED CODE \* **PERIOD** (IF REQUIRED) (IF SELF-EMPLOYED, ENTER NAME (JAN. 1 - DEC. 31) OF BUSINESS) **Z**IND Carl Middleton Manager СОМ 09/21/20 249.00 249.00 North Gate Markets ⊟отн PTY □scc **☑** IND **CL Miller Property Manager ⊟сом** 10/01/20 20.20 151.00 Self-Employed ⊟отн **□** PTY □scc Monterey Ocean Grown, LLC ПСОМ 09/24/20 249.00 249.00 3843 S. Bristol Street, #611 **☑** OTH Santa Ana, CA 92704 □ PTY SCC **☑**IND **Charles Mooney** Retired □сом 09/26/20 100.00 2,400.00 Потн PTY SCC **☑** IND **Charles Mooney** Retired □сом 10/02/20 100.00 2,400.00 □отн □ PTY □scc 718.20 SUBTOTAL\$

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(other than PTY or SCC)

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Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020 through October 17, 2020	CALIFORNIA <b>460</b> FORM <b>460</b> Page 14 of 28
NAME OF FILER			I.D. NUMBER
Foley for Mayor 2020	>		1427044

					,	
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)
10/09/20	Charles Mooney	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	2,400.00	
09/24/20	New Patriot Holdings, Inc. 3843 S. Bristol Street, #614 Santa Ana, CA 92704	□IND □COM ☑OTH □PTY □SCC		249.00	249.00	
10/02/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	7.00	157.70	
10/06/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	10.00	157.80	
10/16/20	Imran Patel	☑IND □COM □OTH □PTY □SCC	Banker Wells Fargo Bank	15.00	15780	
		1,281.00				

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Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received		Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020	CALIFORNIA 460
	8		through October 17, 2020	Page15of28
IAME OF FILER				I.D. NUMBER
Foley for Mayor 20	020			1427044

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
09/24/20	Tricia Nichols	☑IND □COM □OTH □PTY □SCC	Not Employed	150.00	150.00	
10/15/20	Eileen Padberg	☑IND □COM □OTH □PTY □SCC	Government Relations Self-Employed	100.00	175.00	
09/30/20	Peninsula Restaurant Group 3334 East Coast Highway, #418 Corona del Mar, CA 92625	□IND □COM ØOTH □PTY □SCC		1,000.00	1,000.00	-
09/24/20	People's First Choice, LLC 3843 S. Bristol Street, #601 Santa Ana, CA 92704	□IND □COM ☑OTH □PTY □SCC		249.00	249.00	
10/16/20	Audrey Prosser	ZIND COM OTH PTY SCC	Real Estate Self-Employed	36.00	161.00	

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Type or print in ink

SCHEDULE A (CONT)

Monetary Contributions Received		Amounts may l to whole d	be rounded [	Statement cov	ers period er 20, 2020	1	ORNIA RM	460	É
				through Octobe	er 17, 2020	Page _	16 of	28	Ī
NAME OF FILER						I.D. NUM	IBER		1
Foley for M	ayor 2018					14270	44		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU	OR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DDATE	PER EL	ECTION	_

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)	
09/30/20	Lucille Raymond	☑IND □COM □OTH □PTY □SCC	Administrative Assistant Liberty Mutual	20.20	205.60		
09/22/20	Gerald Rubin	☑IND □COM □OTH □PTY □SCC	Designer Sitelines	200.00	200.00		
09/24/20	SCCC Group Services, Inc. 6528 E. Saint Germain Circle Orange, CA 92869	☐IND ☐COM ØOTH ☐PTY ☐SCC		249.00	249.00		
10/12/20	Kanwarjit Singh	☑IND □COM □OTH □PTY □SCC	Angels Auto Spa	249.00	249.00		
10/12/20	Surat Singh	☑IND □COM □OTH □PTY □SCC	Angels Auto Spa	249.00	249.00		
SUBTOTAL\$ 967.20							

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Type or print in ink.

SCHEDULE A (CONT.)

Ionetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from September 20, 2020	CALIFORNIA 460
		through October 17, 2020	Page17 of28
AME OF FILER			I.D. NUMBER
Foley for Mayor 2020			1427044

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
09/24/20	Anna Schlotzhauser	☑IND □COM □OTH □PTY □SCC	Student	500.00	500.00	
09/20/20	Jen Salono		Admin - Special Ed Tustin Unified School District	100.00	200.00	
10/02/20	Southern California Pipe Traders Council 501 Shatto Place, Suite 400 Los Angels, CA 90020	□IND □COM □OTH □PTY □SCC		100.00	100.00	
10/01/20	Stand with Sanchez P.O. Box 83142 Gaithersburg, MD 20883	☐IND ☐COM ☑OTH ☐PTY ☐SCC		249.00	249.00	
09/24/20	Standard Hemp, LLC	□IND □COM ☑OTH □PTY □SCC		249.00	249.00	
			SUBTOTAL\$	1,198.00		

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  from September 20, 2020	CALIFORNIA 460
through October 17, 2020	Page18 of28
	I.D. NUMBER 1427044

NAME OF FILER

Foley for Mayor 2020

1 010 101 101	ayor 2020				14270	J44	
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)	
10/03/20	Betty-Jo Steel	☑IND □COM □OTH □PTY □SCC	Not-Employed	200.00	200.00	, , , , ,	
09/24/20	Corinne Stover	☑IND □COM □OTH □PTY □SCC	Retired	25.00	175.20		
09/30/20	Corinne Stover	☑IND □COM □OTH □PTY □SCC	Retired	10.00	175.20		
10/12/20	Corinne Stover	☑IND □COM □OTH □PTY □SCC	Retired	15.00	175.20		
10/17/20	Christian Swart	☑IND □COM □OTH □PTY □SCC	Real Estate Tierra Development Advisors	100.00	100.00		
	SUBTOTAL\$ 350.00						

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SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

Monetary	Contributions Received	Amounts may be to whole de		Statement coverage from September	ers period er 20, 2020	CALIFORN FORM	<sup>IIA</sup> 460
						Page 19	_ of28
NAME OF FILER						I.D. NUMBER	
Foley for M	ayor 2020					1427044	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO		ER ELECTION TO DATE

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)
09/22/20	Carl Tautenhahn 3100 Airway Avenue, 121 Costa Mesa, CA 92626	☑IND □COM □OTH □PTY □SCC	Manufacturing VizAeras, Inc.	249.00	249.00	
09/20/20	Jody Terry	☑IND □COM □OTH □PTY □SCC		100.00	100.00	
09/20/20	Christopher Townsend	☑IND □COM □OTH □PTY □SCC	Consultant Townsend Public Affairs, Inc.	249.00	249.00	
10/07/20	James Turrell	☑IND □COM □OTH □PTY □SCC	Minister Center for Spiritural Living Newport Mesa	65.00	135.20	
10/01/20	Jane Werner	☑IND □COM □OTH □PTY □SCC	Retired	20.20	101.00	
			SUBTOTAL \$	683.20		

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PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

1,000.00

SUBTOTAL\$

				from September	er 20, 2020	F(	ORM	100
				through Octobe	r 17, 2020		20 of	28
Foley for M	layor 2020					I.D. NU 1427(		
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 CALENDAR Y (JAN. 1 - DEC	D DATE EAR	PER ELEC TO DA (IF REQU	TE
09/25/20	Women in Leadership	☐IND ☐COM ☐OTH ☐PTY ☐SCC		500.00	1,500	.00		
10/11/20	Dan Zaharoni	☑IND □COM □OTH □PTY □SCC	Attorney Zaharoni Industries	500.00	500.	.00		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						

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OTH - Other (e.g., business entity)

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Schedu Nonmor	lle C netary Contributions Received		Amounts may be rounded to whole dollars.			tatement covers p September 20	'	CALIF(	ORNIA 460 RM
	TIONS ON REVERSE				throu	ugh October 17	<u>', 2020</u>	Page	21 of 28
Foley for	· Mayor 2020							1.D. NUME	
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 O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	ITIVE TO	PER ELECTION TO DATE (IF REQUIRED)
09/23/20	Costa Mesa Firefighters Association Local 1465 Political Action Committee 2001 Harbor Boulevard, Suite 240 Costa Mesa, CA 92627 ID# 1377067	□IND □COM □OTH □PTY □SCC		Banner and video ads		2,000.00			
09/29/20	Costa Mesa Firefighters Association Local 1465 Political Action Committee 2001 Harbor Boulevard, Suite 240 Costa Mesa, CA 92627 ID# 1377067	□IND □COM □OTH □PTY □SCC				2,187.50			
09/29/20	Costa Mesa Firefighters Association Local 1465 Political Action Committee 2001 Harbor Boulevard, Suite 240 Costa Mesa, CA 92627 ID# 1377067	□IND □COM □OTH □PTY □SCC				1,553.71			
09/29/20	Costa Mesa Firefighters Association Local 1465 Political Action Committee 2001 Harbor Boulevard, Suite 240 Costa Mesa, CA 92627 ID# 1377067	□IND □COM □OTH □PTY □SCC				985.22			
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL\$	6,726.43			
Sahaduk	e C Summary								
	e C Summary	n, contribution	ne.					ntributor Cod	

### (Include all Schedule C subtotals.)....\$ \_

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$

3. Total nonmonetary contributions received this period. 6,897.18 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ \_\_

6,897.18

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

#### Schedule C **Nonmonetary Contributions Received**

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

SCHEDULE C Statement covers period **CALIFORNIA** September 20, 2020 **FORM** through October 17, 2020 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1427044

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)
09/28/20 Costa Mesa Firefighters Association Local 1465 Political Action Committee 2001 Harbor Boulevard, Suite 240 Costa Mesa, CA 92627 ID# 1377067	☐IND ☐COM ☐OTH ☐PTY ☐SCC			170.75		
	☐IND ☐COM ☐OTH ☐PTY ☐SCC				8	
	□IND □COM □OTH □PTY □SCC					
	IND   COM   OTH   PTY   SCC					
Attach additional information on appropriately labe	led continuati	on sheets.	SUBTOTAL \$	170.75		

Schedule C Summary	
Amount received this period – itemized nonmonetary contributions.	
(Include all Schedule C subtotals.)\$	

0.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$

3. Total nonmonetary contributions received this period.  \*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rounded to whole dollars.		Statement covers period from September 20, 2020		CALIFORNIA 460	
SEE INSTRUCTION NAME OF FILER		2		through October 1	7, 2020	Page I.D. NUME 142704	
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	CUMULATIV CALENDA (JAN. 1 - I	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/06/20	Congresswoman Linda Sanchez 12240 E. Imperial Highway, Suite 140 Norwalk, CA 90650	Monetary Contribution Nonmonetary Contribution Independent		100.00		100.00	·
	Support Oppose	Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$ 100.00			
1. Itemized	D Summary contributions and independent expenditures mad	•	·				
	ed contributions and independent expenditures made the ributions and independent expenditures made the						100.00

•					
Schedule E Payments Made	Amounts may be to whole do			Statement covers period from September 20, 2020 through October 17, 2020	CALIFORNIA FORM FORM Page 24 of 28
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Foley for Mayor 2020				anough	I.D. NUMBER 1427044
CODES: If one of the following codes accurately descent campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	imunications d appearance ses lating urvey researd very and mes	5	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	fluction costs Id meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (	DR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Constant Contact 1601 Trapelo Road Waltham, MA 02451		OFC	October 2020		115.00
State Compensation Insurance Fund P. O. Box 7441 San Franisco, CA 94120		PRO	Worker's Compe for 3 employees	nsation Insurance	517.11

Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	757.11
	The state of the s	

**CTB** 

Truman Dinner

#### **Schedule E Summary**

**Democratic Party of Orange County** 

125.00

SCHED	ULE E	(CONT.)

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** from September 20, 2020 **FORM** through October 17, 2020 Page. I.D. NUMBER

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 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 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 transfer between committees of the same candidate/sponsor

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll for Avery Counts 09/11/20 - 09/25/20	1,124.04
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll for Kimberlee Belli 09/11/20 - 09/25/20	675.51
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll taxes and deductions for Avery Counts and Kimberlee Belli 09/11/20 - 09/25/20	416.86
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	PRO	Payroll Processing 09/11/20 - 09/25/20	89.79
ActBlue P.O. Box 441146 Somerville, MA 02144	FND	Processing fees	210.19
* Payments that are contributions or independent expenditures must also be summ	narized on Schedule D.	SUBTOTAL	-\$ 2.516.39

2,516.39

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

Statement covers period **CALIFORNIA FORM** September 20, 2020 through October 17, 2020 28 Page I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Foley for Mayor 2020 1427044

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 radio airtime and production costs campaign consultants CNS meetings and appearances returned contributions СТВ 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 candidate filing/ballot fees РНО phone banks candidate travel, lodging, and meals FIL fundraising events POL polling and survey research staff/spouse travel, lodging, and meals FND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings print ads information technology costs (internet, e-mail) PRT

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Avery Counts 1072 Bristol Street, Suite 101 Costa Mesa, CA 92626	OFC	Reimbursement for printer ink	137.87
Presidio Strategies LLC 9450 SW Gemini Drive #98498 Beaverton, OR 97008	CNS		2,500.00
DeSnoo & DeSnoo P.O. Box 11426 Santa Ana, CA 92711	LIT		679.58
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll for Avery Counts 09/26/20 - 10/10/20	1,124.97
Paychex 1535 Scenic Avenue, Suite 100 Costa Mesa, CA 92626	SAL	Payroll for Kimberlee Belli 09/26/20 - 10/10/20	79.92
* Payments that are contributions or independent expenditures must also	be summarized on Schedule D	•	<b>SUBTOTAL \$</b> 4,522.34

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Statement covers period **CALIFORNIA** from September 20, 2020 **FORM** Page I.D. NUMBER

through October 17, 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Foley for Mayor 2020 1427044

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications radio airtime and production costs campaign consultants MTG meetings and appearances CNS returned contributions contribution (explain nonmonetary)\* office expenses СТВ SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks FIL PHO candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals FND POL IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services **TSF** transfer between committees of the same candidate/sponsor professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

SAL	Payroll taxes and deductions for Avery Counts and Kimberlee Belli 09/26/20 - 10/10/20	324.25
1	09/20/20 - 10/10/20	324.23
FND	Payroll processing 09/26/20 - 10/10/20	128.79
PRO	Processing fees	103.30
OFC	IT and equipment	1,376.50
CNS		2,500.00
	PRO	PRO Processing fees  PRO  IT and equipment

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

SUBTOTAL \$

4.432.84

SCHEDULE E (CO	10	VT
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Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA ACO
from September 20, 2020	FORM 400
through October 17, 2020	Page of 28
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

Through October 17, 2020

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I.D. NUMBER
1427044

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 campaign consultants meetings and appearances 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 candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services transfer between committees of the same candidate/sponsor voter registration LEG legal defense professional services (legal, accounting) VOT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYER

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DeSnoo & DeSnoo P.O. Box 11426 Santa Ana, CA 92711	LIT			1,112.98

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

**SUBTOTAL \$** 

1,112.98