

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1362373
 Date qualified as committee: 12 / 17 / 2013
 List I.D. number: # _____
 Date of Termination: _____/_____/_____ (if applicable)

RECEIVED
 Date Stamp
 CITY CLERK
 14 FEB -6 PM 1:07
 CITY OF COSTA MESA
 BY _____

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Foley for City Council
 STREET ADDRESS (NO P.O. BOX)
 1600 Dove Street, Suite 101
 CITY STATE ZIP CODE AREA CODE/PHONE
 Newport Beach CA 92660 (949)502-8800
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS
 9495028801 / campaign@katrinafoley.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Orange Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Kimberlee Belli
 STREET ADDRESS (NO P.O. BOX)
 1600 Dove Street, Suite 101
 CITY STATE ZIP CODE AREA CODE/PHONE
 Newport Beach CA 92660 (949)502-8800
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
 Katrina Foley
 STREET ADDRESS (NO P.O. BOX)
 1600 Dove Street, Suite 101
 CITY STATE ZIP CODE AREA CODE/PHONE
 Newport Beach CA 92660 (949)502-8800

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2/5/14 By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 2/5/14 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Foley for City Council

I.D. NUMBER

1362373

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Katrina Foley	Costa Mesa City Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>