					RECEIV	EU		
Statement of Recipient Con	Organization mmittee				CITY Darestan	ERK	F	FORNIA 410
Statement Type	☑ Initial  Not yet qualified ☑ or	Amendment List I.D. number:	Termination – See Part 5 List I.D. number:		CITY OF COST			For Official Use Only
		#	#		BY	ATTE		
*	Date qualified as committee	Date qualified as committee (Ifapplicable)	Date of	/ Termination				
1. Committee I				2. Treasurer and	d Other Principal O	fficers	Section 18 and 18 a	
Foley for City				Kimberlee Be	elli			
STREET ADDRESS (NO P		STREET ADDRESS (NO P.O. BOX)						
1600 Dove St	reet, Suite 101		Street, Suite 101	CTATE	ZIP CODE	AREA CODE/PHONE		
CITY	STATE	ZIP CODE AREA CODE		Navyport Booch		CA		(949)502-8800
Newport Beach CA 92660 (949)502-8800			2-8800	Newport Bea		UA	32000	(343)002 0000
MAILING ADDRESS (IF D	DIFFERENT)			11/1/12 27 7727				
FAX / E-MAIL ADDRESS				STREET ADDRESS (NO P.O.	BOX)			
	1 / campaign@katrina	foley.com						
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE			CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Orange Coun	ty Costa Me							
				NAME OF PRINCIPAL OFFICE				
				Katrina Foley				
Attach additiona	l information on appropriate	ly labeled continuation shee	ets.	AND COMES TO SECURE AND A SECURITY	Street, Suite 101			
	A second			CITY	offect, Outto 101	STATE	ZIP CODE	AREA CODE/PHONE
				Newport Bea	ach	CA	92660	(949)502-8800
- many top other purpose of the system				THE SECOND SECOND SECOND				
3. Verification  I have used all	reasonable diligence in prep	aring this statement and to	the best of m	y knowledge the info	rmation contained her	ein is t	rue and comp	lete. I certify under
penalty of perju	ury under the laws of the Sta	ate of Californja that the for.	egoing is true	and correct.				
Executed on 12	2-12-13 By.				DEACHDED			
1-	DATE		SIGNATURE	OF TREASURER OR ASSISTANT TO	REASUREN			
Executed on	DATE By_	SIGNATUR	DE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT			
-		5/3/1	)		S. V. S. A. S. C.			
Executed on	DATE BY	SUNATUR	RE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT			
Executed on	Ву							
	DATE	SIGNATUR	RE OF CONTROLLING	OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT			EDDC Form 410 (Doc/2012

Recipient Committee		·			CALIFORNIA 410 FORM
INSTRUCTIONS ON REVERSE				Į.	Page 2
Foley for City Council 2014					.D, NUMBER
All committees must list the financial institution where the campaign	n bank account	t is located.			
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/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 sta district number, if any, and the year of the election.  • List the political party with which each officeholder or candidat  • If this committee acts jointly with another controlled committee.	te is affiliated	or check "nonpartisan." ne and identification nur ELECTIVE OFFICE SOUGH	nber of the other o		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  Katrina Foley	Costa N	Vesa City Council	F APPLICABLE	2014	☑ Nonpartisan
					Nonpartisan
Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LI		CANDIDATE(S) O		OR MEASURE(S) JURISDICTION	CHECK ONE SUPPORT OPPOSE