

Costa Mesa

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: _____

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

FEB 10 2014

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

FILED
MAR 14 2014

REGISTRAR OF VOTERS

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 _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/5/14 By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED
CITY CLERK
CITY OF COSTA MESA
MAR 25 PM 3:34

**Statement of Organization
Recipient Committee**

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

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 PROONENT	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"/>