

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Foley Katrina Anne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Foley for City Council 2014
 Division, Board, Department, District, if applicable Your Position
 Costa Mesa City Council council member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Costa Mesa Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
- or- The period covered is _____, through December 31, 2015.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____/_____/_____
 (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - or-
 - The period covered is _____, through the date of leaving office.

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4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1600 Dove Street, Suite 101 Newport Beach CA 92660
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (949) 502-8800 campaign@katrinafoley.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 4/1/14 Signature _____
 (month, day, year) _____ (printing official.) _____

