## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Foley	Katrina	Α	nne
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Foley for City Council 2014			
Division, Board, Department, District, if applicable	Your P	osition	The second secon
Costa Mesa City Council	coun	cil member	
▶ If filing for multiple positions, list below or on an a	ttachment. (Do not use acronyms)		
Agency:	Position	on:	
2. Jurisdiction of Office (Check at least one	box)		
☐ State		e or Court Commissioner (Sta	atewide .lurisdiction)
Multi-County	New Color	ty of	The Children of the Children o
☑ City of Costa Mesa	NAME OF THE OWNER O		3 or 0
☑ City of	Other		ं ह
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015.  December 31, 2015.		ring Office: Date Left	
The period covered is/	, through O T	he period covered is January eaving office.	1, 2015, through the date of
Assuming Office: Date assumed	<i></i> O T	he period covered is/ ne date of leaving office.	, through
Candidate: Election year	and office sought, if different than P	Part 1:	
<ul> <li>Schedule Summary (must complete)</li> <li>Schedules attached</li> <li>Schedule A-1 - Investments – schedule attack</li> </ul>	► Total number of pages in	•	pe: 2  Positions – schedule attached
Schedule A-2 - Investments - schedule attack		Income – Gifts – schedule a	
Schedule B - Real Property - schedule attack	ned Schedule E -	Income - Gifts - Travel Pay	ments - schedule attached
-or-			
☐ None - No reportable interests on any section   None - No reportable interests   None - No reportable   No repo	schedule		e to the second
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
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 s herein and in any attached schedules is true and com		ent and to the hest of my kno	wledge the information contained
I certify under penalty of perjury under the laws of	the State of California tha		
Date Signed 4/1/19	Signatu		
(month, day, year)			ing official.)

## **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Foley for City Council 2014

The Foley Group, PLC	<b>1</b> #		
Name	Name		
1600 Dove Street, Suite 101, Newport Beach, CA 92660			
Address (Business Address Acceptable)	Address (Business Address Acceptable)		
Check one ☐ Trust, go to 2	Check one		
	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:		
\$0 - \$1,999	\$0 - \$1,999		
52,000 - \$10,000	\$2,000 - \$10,000		
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000		
☑ Over \$1,000,000	Over \$1,000,000		
NATURE OF INVESTMENT Drof Love Corp.	NATURE OF INVESTMENT		
NATURE OF INVESTMENT Partnership Sole Proprietorship Prof Law Corp Oliner	Partnership Sole Proprietorship Other		
President / CFO	Ontes		
YOUR BUSINESS POSITION 1165Ident/ OLO	YOUR BUSINESS POSITION		
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA		
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)		
S0 - \$499 S10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000		
\$500 - \$1,000	S500 - \$1,000 OVER \$100,000		
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF		
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)		
None or Names listed below	None or Names listed below		
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR		
Check one box;	LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:		
☐ INVESTMENT ☐ REAL PROPERTY	NVESTMENT REAL PROPERTY		
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property		
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property		
Description of Business Activity or	Description of Business Activity or		
City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:		
\$2,000 - \$10,000	S2,000 - \$10,000		
\$10,001 - \$100,000	\$10,001 - \$100,000		
Over \$1,000,000	\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000		
NATURE OF INTEREST	NATURE OF INTEREST		
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership		
Leasehold Other	I anophald		
Leasehold Yrs. remaining Other	Leasehold Other		
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached		
are annoted	are discreti		
Commente	FPPC Form 700 (2015/2016) Sch. A-2		