CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filling Received

COVER PAGE

CITY CLERK

A PUBLIC DOCUMENT

Ple	ease type or print in ink.		21 APR 26 AM 2: 30	
AA	ME OF FILER (LAST) (FIRST)		(MIDDLE)	
Fo	oley Katri	na	CITY OF COCTA MERCA	
	Office, Agency, or Court		BY	
	Agency Name (Do not use acronyms)	0		
	City of Costa Mesa			
	Division, Board, Department, District, if applicable	ii D	Your Position	
			Mayor	
	▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use	acronyms)	
	Agency: Transportation Corridor Agency	**	Position: Board Member - Alternate	
	Agency:		Position:	
2,	Jurisdiction of Office (Check at least one box)		. = 4	
	State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner	
	<u></u>		(Statewide Jurisdiction)	
	Multi-County		County of	
	City of Costa Mesa		Other Transportation Corridor Agency	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2020, thro December 31, 2020.	ugh	Leaving Office: Date Left	
	The period covered is/	, through	O The period covered is January 1, 2020, through the date of leaving office.	
	Assuming Office: Date assumed		 The period covered is/, through the date of leaving office. 	
	Candidate: Date of Election	and office sought.	if different than Part 1:	
_				
4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached				
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached	
	Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property - 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) 1072 Bristol Street, Suite 101	Costa	Mesa CA 92626	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(949) 502-8800		katrina@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 contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	Date Signed (Month, day, year)	. Si	Gnature(File the prignally signed paper statement with your filing official.)	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Katrina Foley

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
The Foley Group, PLC	Name
1072 Bristol Street, Suite 101, Costa Mesa, CA 92626	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one Business Entity, complete the box, then go to 2
Trust, go to 2 Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS law firm	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner/Attorney	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATE SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	■ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ INVESTMENT □ 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
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: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 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	Leasehold Other Other Check box if additional schedules reporting investments or real property
Check box if additional schedules reporting investments or real property are attached	are attached

Comments: _