

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # _____

_____/_____/_____ # _____

Date qualified as committee Date qualified as committee (if applicable) Date of Termination

1362373
RECEIVED
JAN 15 AM 9:00
OFFICE OF THE CITY CLERK

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State of the State of California
DEC 16 2013
DEBRA BOWEN
Secretary of State
CALIFORNIA FORM 410
For Official Use Only
FILED
JAN 09 2014
REGISTRAR OF VOTERS
By _____ Deputy

1. Committee Information

NAME OF COMMITTEE
Foley for City Council 2014

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
(949)502-8801 / campaign@katrinafoley.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange County	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 12-12-13 By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12-12-13 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

RECEIVED
CITY CLERK

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Foley for City Council 2014

Page 2

I.D. NUMBER

14 JAN 22 AM 8:56

CITY OF COSTA MESA
BY

- 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

4. 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 PROPONENT	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"/>