

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

17 FEB -3 PN 4: 31

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Foley	Katrina		LITY OFACASES MESA
1. Office, Agency, or Court		TO THE CONTROL OF THE	The September of the Association of the September of the
Agency Name (Do not use acronyms)			
City of Costa Mesa		ouncil Member	
Division, Board, Department, District, if applicable	Yo	our Position	
► If filing for multiple positions, list below or on an atta	achment. (Do not use acronym	s)	
Agency: Successor Agency, Housing	Authority P	osition: Member	
2. Jurisdiction of Office (Check at least one bo	)x)		
☐ State		ludge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County of	
Acity of Costa Mesa		Other	
3. Type of Statement (Check at least one box)			W
Annual: The period covered is January 1, 2016, t December 31, 2016.		Leaving Office: Date Left (Check one)	
The period covered is/	, amough	<ul> <li>The period covered is January leaving office.</li> </ul>	y 1, 2016, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through
Candidate: Election year	and office sought, if different th	an Part 1:	
	► Total number of page	s including this cover pag	ge: _ <del></del>
Schedules attached			
Schedule A-1 - Investments - schedule attache		e C - Income, Loans, & Business	
✓ 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			
Schedule B - Real Property – schedule attache	u Schedule	e E = Ilicome – Gills – Travel Pay	yments – schedule attached
☐ <b>None</b> - No reportable interests on any so	hedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
77 FAIR DRIVE	Costa Mesa	CA	92626
DAYTIME TELEPHONE NUMBER	E-MAIL ADD		
(714)754-5328		na. Foley@CostaMe	
I have used all reasonable diligence in preparing this sta herein and in any attached schedules is true and compl			owledge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Date Signed 2(3 17	Signature		
(mồnth, day, year)		(File the originally signed stateme	ent 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	
1600 Dove St. Ste. 101 Newport Beach CA 92660	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then 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:  ☐ \$0 - \$1.999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000/	\$2,000 - \$10,000 <u></u>
\$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship Prof Law Corp.  Other	NATURE OF INVESTMENT Partnership Sole Proprietorship
Occalle to Lower	Other
TOOK BOOKESO FORMON	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO 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 ☐ \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 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	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 LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	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
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 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$100,001 - \$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 Yrs. remaining Other	Leasehold Yrs. remaining 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
	FPPC Form 700 (2016/2017) Sch. A-2
Comments:	FPDC Advice Emails advice Of the constant