

RECEIVED

Statement of Organization Recipient Committee

Statement Type: Initial, Amendment (checked), Termination. List I.D. number: 1362373. Date qualified as committee: 12/17/2013.

RECEIVED AND FILED stamp from the office of the Secretary of State of California, dated MAR 02 2017, with handwritten 'BY' and 'CGSTA MESA 38'.

1. Committee Information

NAME OF COMMITTEE: Foley for Mayor 2018. STREET ADDRESS: 1600 Dove Street, Suite 101, Newport Beach, CA 92660. FAX / E-MAIL ADDRESS: 949-502-8801 / campaign@katrinafoley.com. COUNTY OF DOMICILE: Orange. JURISDICTION WHERE COMMITTEE IS ACTIVE: Costa Mesa.

2. Treasurer and Other Principal Officers

NAME OF TREASURER: Kimberlee Belli. STREET ADDRESS: 1600 Dove Street, Suite 101, Newport Beach, CA 92660. NAME OF PRINCIPAL OFFICER(S): Katrina Foley. STREET ADDRESS: 1600 Dove Street, Suite 101, Newport Beach, CA 92660.

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 2/23/17 By [Redacted] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on 2/23/17 By [Redacted] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <b>Foley for Mayor 2018</b>	I.D. NUMBER <b>1362373</b>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Union Bank</b>	AREA CODE/PHONE <b>(949)225-4317</b>	BANK ACCOUNT NUMBER <b>[REDACTED]</b>
ADDRESS <b>2001 Michelson Drive</b>	CITY <b>Irvine</b>	STATE ZIP CODE <b>CA 92612</b>

**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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<b>Katrina Foley</b>	<b>Costa Mesa Mayor</b>	<b>2018</b>	<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"/>