

Costa Mesa

Statement of Organization Recipient Committee

Statement Type [] Initial [] Amendment [x] Termination - See Part 5
[] Not yet qualified or [] Date qualified as committee
Date qualified as committee (If amending to provide this date)
03 / 01 / 17 Date of termination

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1. Committee Information I.D. Number (if applicable) 1362373 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: Foley for City Council 2018
STREET ADDRESS (NO P.O. BOX): 1600 Dove Street, Suite 101
CITY: Newport Beach STATE: CA ZIP CODE: 92660 AREA CODE/PHONE: 949-502-8800
MAILING ADDRESS (IF DIFFERENT):
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL):
COUNTY OF DOMICILE: Orange JURISDICTION WHERE COMMITTEE IS ACTIVE: Costa Mesa

NAME OF TREASURER: Kimberlee Belli
STREET ADDRESS (NO P.O. BOX): 1600 Dove Street, Suite 101
CITY: Newport Beach STATE: CA ZIP CODE: 92660 AREA CODE/PHONE: 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: Newport Beach STATE: CA ZIP CODE: 92660 AREA CODE/PHONE: 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 6/15/17 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 6/13/17 By [Signature] 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

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I.D. NUMBER

COMMITTEE NAME

- All committees must list the financial institution where the campaign bank account is located.

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

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"/> |

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I.D. NUMBER

COMMITTEE NAME

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Member of City Council

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.