

COVER PAGE

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CITY OF COSTA MESA
BY [redacted]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Foley Katrina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Costa Mesa City Council
Division, Board, Department, District, if applicable Your Position
Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Transportation Corridor Agency Position: Board Member - Alternate

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Costa Mesa Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office:** Date assumed ____/____/____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- 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: 4

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)
 1600 Dove Street, Suite 101 Newport Beach CA 92660

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (949) 502-8800 foley4costamesa@gmail.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 contained 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 6/1/20 Signature [redacted]

(File the originally signed paper statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

The Foley Group, PLC
 Name
law firm
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/19	____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship PLC Other _____

YOUR BUSINESS POSITION Attorney / President

▶ 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
 \$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.)

None or Names listed below

▶ 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, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19	____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
 Address (Business Address Acceptable) _____
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/19	____/____/19
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

▶ 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
 \$1,001 - \$10,000

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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/19	____/____/19
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Katrina Foley

▶ NAME OF SOURCE (Not an Acronym)
 Pacific Symphony

ADDRESS (Business Address Acceptable)
 17620 Fitch #100, Irvine, CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 14 / 19	\$ 168.00	Hotel California -Ticket
07 / 14 / 19	\$ 168.00	Hotel California -Ticket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 O.C. Fair

ADDRESS (Business Address Acceptable)
 88 Fair Drive, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 16 / 19	\$ 90.00	Jackson Brown Concert
08 / 16 / 19	\$ 90.00	Jackson Brown Concert
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 O.C. Fair Dignitary Dinner

ADDRESS (Business Address Acceptable)
 88 Fair Drive, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Representing the City of Costa Mesa as Mayor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 25 / 19	\$ 39.00	Dinner
7 / 25 / 19	\$ 39.00	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 LA Times

ADDRESS (Business Address Acceptable)
 2300 N. Street, NV, Suite 700

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Exploratory trip for potential event in Costa Mesa

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 01 / 19	\$ 115.00	Taste of LA-ticket
09 / 01 / 19	\$ 115.00	Taste of LA-ticket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Chargers / Chamber of Commerce

ADDRESS (Business Address Acceptable)
 Avenue of the Arts 3550 Avenue of the Arts Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Representing the City of Costa Mesa as Mayor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 23 / 19	\$ 45.00	Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California League of the Cities

ADDRESS (Business Address Acceptable)
 Long Beach Convention Center, 300 E. Ocean Blvd. Long Beach

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Representing the City of Costa Mesa as Mayor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 19	\$ 138.26	Dinner
___ / ___ / ___	\$ _____	Hosted by Jones & Mayer
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

Name

Katrina Foley

▶ NAME OF SOURCE *(Not an Acronym)*
John Forsyte, Pacific Symphony

ADDRESS *(Business Address Acceptable)*
Silver Trumpet 3550 Avenue of the Arts Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meeting to discuss recognition of Carl St. Clair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 30 19	20.66	Lunch
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____