Statement of C Recipient Com	•			CITY CIER	ip K	Marie Company of the	ORNIA 410
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Par	- F	1.2	٦٠	For Official Use Only
	O Not yet qualified	M Amendment	2		: 23		roi Official Ose Only
	O Date qualification threshold	Date qualification threshold met 06 , 16 , 20	Date of termination	ITY OF COSTA ME			
1. Committee	Information I.D. Nun		2 Treasurer a	and Other Principa	Officer	30-10-0121	
NAME OF COMMITTEE	(if applicable)		NAME OF TREASURER	ma Other i illicipa	i Officer		
	75						
Foley for Mayor	2020		Kimberlee Belli				
			STREET ADDRESS (NO P.O. I	BOX)			
			1072 Bristol Stre	et, Suite 101			
STREET ADDRESS (NO P.O.	•		CITY		STATE	ZIP CODE	AREA CODE/PHONE
1072 Bristol Stre			Costa Mesa		CA	92626	949-502-8800
Costa Mesa	STATE CA	ZIP CODE AREA CODE/PHONE 92626 949-502-8800	NAME OF ASSISTANT TREA	SURER, IF ANY	•		-
FULL MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO P.O. I	BOX)	*		
E-MAIL ADDRESS (REQUIR	ED) / FAX (OPTIONAL)		CITY		STATE	ZIP CODE	AREA CODE/PHONE
foley4costamesa	@gmail.com						
COUNTY OF DOMICILE	JURISDICTION WHER	COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFIC	ER(S)			· · · · · · · · · · · · · · · · · · ·
Orange	Costa Mesa		Katrina Foley				
			STREET ADDRESS (NO P.O. I	BOX)			
			1072 Bristol Stre	et, Suite 101			
Attach additiona	l information on appropriate	y labeled continuation sheets.	CITY		STATE	ZIP CODE	AREA CODE/PHONE
	7, 7		Costa Mesa		CA	92626	949-502-8800
3. Verificatio							
		ng this statement and to the bes		rmation contained her	ein is true	and comple	ete. I certify under
penalty of perjur	y under the laws of the State	of California that the foregoing i	is true and correct.				
Executed on	By			Manager and the second			
Executed on	8/12/20 By	SIG	GNATURE OF TREASURER OR ASSISTANT TR	REASURER			
	DATE	SIGNATURE OF CONT	LLING OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONENT		7	
Executed on	DATE By	SIGNATURE OF CONTR	POLLING OFFICEHOLDER, CANDIDATE, OR S	STATE MEASURE PROPONENT			
Executed on	Ву						
	DATE	SIGNATURE OF CONTI	ROLLING OFFICEHOLDER, CANDIDATE, OR S	STATE MEASURE PROPONENT			

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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COMMITTEE NAME Foley for Mayor 2020			3483 130	1.D. NUMBER 1427044	
All committees must list the financial instituti	on where the campaign bank account is located.				
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER		"
First Bank	949-476-3255				
ADDRESS	CITY	STATE	ZIP CODE		
4301 MacArthur Boulevard	Newport Beach	CA	92660		
4. Type of Committee Complete the app	licable sections.			· · · · · · · · · · · · · · · · · · ·	
Controlled Committee				AN ALL MANUELLE AND AND ALL MANUELLE AND AND ALL MANUELLE AND	
List the name of each controlling officeholder,	candidate, or state measure proponent. If candid	ate or officeholder co	entrolled,		

- 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." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDALE/OFFICEHOLDER/STATE MEASURE PROPONENT		(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK	ONE			
				Nonpartisan	Partisan	(list political par	ty below)	
Katrina Foley	Mayor City of Costa Mesa			✓				
				Nonpartisan	Partisan	(list political par	ty below)	
Primarily Formed Committee Primarily formed to support or CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	TTER)	cific candidates or measures in a single ele CANDIDATE(S) OFFICE SOUGHT OR HE (INCLUDE DISTRICT NO., CITY O	ELD OR MEASU	IRE(S) JURISDICTI	ION	СНЕСК	ONE	
						SUPPORT	OPPOSE	
						SUPPORT	OPPOSE	

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

Statement of Organization

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Recipient Committee					FORM TIO		
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COMMITTEE NAME					I.D. NU	MBER	
4. Type of Committee	(Continued)						
4. Type of Committee	(Continued)		The design of the		de la companya de la		
General Purpose Committee	Not formed to support or oppos	se specific candidates or COUNTY Comm		election. Check only STATE Committee			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY				····	<u> </u>		
Sponsored Committee List ac	dditional sponsors on an attachn	nent.					
NAME OF SPONSOR		INDUSTRY GROUP	OR AFFILIATION OF SPONSOR				
STREET ADDRESS NO. AND STREET	and the second s	CITY		STATE Z	IP 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 ponent 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.