## Statement of Economic Interests Form 700 - Amendment Request

INSTRUCTIONS: A check mark indicates an amendment may be required. File your amended statement at:

Name: Katrina Foley	Date signed:	
Type of Statement: Assuming/Initial 12 / 61 / 20	Annual 20 Leaving//	
Amendment Request Form		
Cover Page O Statement not signed. O Original signature required. O Part 4, schedule summary indicated Schedule(s)  attached but schedules are not attached. O Part 4, schedule summary left blank and either no schedules attached or only blank schedules attached. O other - see Comments.  Schedule A-1 O The fair market value of the investment in	O You reported property located at Rental income is reportable if your share of rental income was \$500 or more during the reporting period. Also disclose the name of any tenants if your share of rental income from a single tenant was \$10,000 or more.  O other - see Comments.  Schedule C O Name of the source of income not reported. O Gross income not reported. O Name of spouse's or registered domestic partner's source of income (employer) not reported. O Your spouse's or registered domestic partner's income was reported. If your spouse or registered domestic partner is self-employed, the investment in the business and the income received from the business should be reported on Schedule A-2. O Income from was reported. If you have an ownership interest worth \$2,000 or more, this business entity and the income received from the business should be reported on Schedule A-2. O other - see Comments.  Schedule D O The source of the gift described as	



## STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received **COVER PAGE**

A PUBLIC DOCUMENT

CITY CLERK

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Foley Katrina 1. Office, Agency, or Court Agency Name (Do not use acronyms) Foley for Mayor 2020 Division, Board, Department, District, if applicable Your Position Mayor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) **Transportation Corridor Agency Board Member - Alternate** 2. Jurisdiction of Office (Check at least one box) ☐ State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through Leaving Office: Date Left \_\_\_ December 31, 2020. (Check one circle.) -or-☐ The period covered is January 1, 2020, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2020. -or-Assuming Office: Date assumed 12 / 01 / 20 The period covered is \_ the date of leaving office. and office sought, if different than Part 1: \_ Candidate: Date of Election \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-Or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET ZIP CODE (Business or Agency Address Recommended - Public Document) 1072 Bristol Street, Suite 101 Costa Mesa CA 92626 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 true and correct Date Signed Signature (Nie the exiginally signed paper statement 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	
Name 1072 Bristol Street, Suite 101	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Susiness Entity, complete the box, then go to 2	In 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   \$2,000 - \$10,000  /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner / Attorney	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	≥ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RASSHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below	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:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of 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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   \( \sqrt{20} \)   \( \sqrt{20} \)   \( \sqrt{20} \)   \( \sqrt{20} \)   Over \$1,000,000   Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold 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
Comments:	III