

# Recipient Committee Campaign Statement Cover Page

Date Stamp <b>RECEIVED CITY CLERK 21 MAR 30 PM 12:55 CITY OF COSTA MESA</b>	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>6</u>
	For Official Use Only

Statement covers period from <u>February 22, 2021</u> through <u>March 19, 2021</u>	Date of election if applicable: (Month, Day, Year) <u>November 3, 2020</u>
---	--

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

### 2. Type of Statement:

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

### 3. Committee Information

I.D. NUMBER  
**1427044**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Foley for Mayor 2020**

STREET ADDRESS (NO P.O. BOX)

CITY <b>Costa Mesa</b>	STATE <b>CA</b>	ZIP CODE <b>92626</b>	AREA CODE/PHONE <b>949-502-8800</b>
---------------------------	--------------------	--------------------------	--

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER  
**Kimberlee Belli**

MAILING ADDRESS

CITY <b>Costa Mesa</b>	STATE <b>CA</b>	ZIP CODE <b>92626</b>	AREA CODE/PHONE <b>949-502-8800</b>
---------------------------	--------------------	--------------------------	--

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 3/25/21  
Date

Executed on 3/25/21  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Kimberlee Belli  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE				
Katrina Foley				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Mayor of Costa Mesa				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
[REDACTED]	Costa Mesa	CA	92626	

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>February 22, 2021</u> through <u>March 19, 2021</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
I.D. NUMBER <b>1427044</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Foley for Mayor 2020

Contributions Received	Column A	Column B	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions..... Schedule A, Line 3	\$ 387.00	\$ 940.60		
2. Loans Received..... Schedule B, Line 3	\$ 0	\$ 0		
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 387.00	\$ 940.60		
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0		
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ 387.00	\$ 940.60		
			20. Contributions Received	\$ _____ \$ _____
			21. Expenditures Made	\$ _____ \$ _____

Expenditures Made	Column A	Column B	Expenditure Limit Summary for State Candidates	
	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
			Date of Election (mm/dd/yy)	Total to Date
6. Payments Made..... Schedule E, Line 4	\$ 3,425.93	\$ 11,190.84	____/____/____	\$ _____
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0	____/____/____	\$ _____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3,425.93	\$ 11,190.84		
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0		
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0		
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,425.93	\$ 11,190.84		

Current Cash Statement	Column A
TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE
12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 3,410.27
13. Cash Receipts..... Column A, Line 3 above	\$ 387.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
15. Cash Payments..... Column A, Line 8 above	\$ 3,425.93
16. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ 371.34

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
--	------

Cash Equivalents and Outstanding Debts	Column A
TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE
18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from February 22, 2021 through March 19, 2021	<b>CALIFORNIA FORM 460</b>
	Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Foley for Mayor 2020	I.D. NUMBER 1427044
---------------------------------------	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/20/21	James Peterson [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Government Relations Southern California Edison	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				100.00		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ 100.00
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ 287.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$ 387.00</b>

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
           (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from February 22, 2021  
through March 19, 2021

SCHEDULE E

**CALIFORNIA FORM 460**

Page 5 of 6

I.D. NUMBER  
1427044

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex of New York LLC [REDACTED]	PRO	Payroll Processing pay period 02/11/21 - 02/25/21 End of the year 2020 reports	87.43
Paychex of New York LLC [REDACTED]	SAL	Payroll for Kimberlee Belli pay period 02/11/21 - 02/25/21	45.58
Paychex of New York LLC [REDACTED]	SAL	Payroll taxes and deductions for Kimberlee Belli pay period 02/11/21 - 02/25/21	10.33
<b>SUBTOTAL \$</b>			<b>143.34</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 3,425.93
2. Unitemized payments made this period of under \$100.....	\$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 3,425.93</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period from February 22, 2021 through March 19, 2021	CALIFORNIA FORM <b>460</b> Page 6 of 6
	I.D. NUMBER 1427044

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Foley for Mayor 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Paychex of New York LLC [REDACTED]	PRO	Payroll Processing pay period 02/26/21 - 03/10/21 End of the year 2020 reports	113.43
Paychex of New York LLC [REDACTED]	SAL	Payroll for Calvin Alvarez pay period 02/26/21 - 03/10/21	522.73
Paychex of New York LLC [REDACTED]	SAL	Payroll taxes and deductions for Calvin Alvarez pay period 02/26/21 - 03/10/21	146.43
DeSnoo & DeSnoo [REDACTED]	CNS		2,500.00

**SUBTOTAL \$ 3,282.59**

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.