

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 06 / 30 / 21

Date Stamp RECEIVED CITY CLERK 21 AUG -2 AM 8:45 CITY OF COSTA MESA BY _____	<b>CALIFORNIA FORM 410</b> For Official Use Only
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1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <b>Foley for Mayor 2020</b>				NAME OF TREASURER <b>Kimberlee Belli</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY <b>Costa Mesa</b>		STATE <b>CA</b>		ZIP CODE <b>92626</b>		AREA CODE/PHONE <b>949-502-8800</b>	
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			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <b>kimberlee@ocfoleylaw.com</b>				NAME OF PRINCIPAL OFFICER(S) <b>Katrina Foley - Candidate</b>				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
COUNTY OF DOMICILE <b>Orange</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY <b>Costa Mesa</b>		STATE <b>CA</b>		ZIP CODE <b>92626</b>		AREA CODE/PHONE <b>949-502-8800</b>	
<p><i>Attach additional information on appropriately labeled continuation sheets.</i></p>											
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 7/27/21 By *Kimberlee Belli* SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
DATE

Executed on 7/27/21 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
DATE

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <b>Foley for Mayor 2020</b>	I.D. NUMBER <b>1427044</b>
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>First Bank</b>	AREA CODE/PHONE <b>949-476-3255</b>	BANK ACCOUNT NUMBER [REDACTED]
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ADDRESS <b>4301 MacArthur Boulevard</b>	CITY <b>Newport Beach</b>	STATE <b>CA</b>	ZIP CODE <b>92660</b>
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**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." 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 CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
<b>Katrina Foley</b>	<b>Costa Mesa Mayor</b>	<b>2020</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE