

COVER PAGE

Please type or print in ink.

23 APR 27 PM 4:57

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Foley Katrina

1. Office, Agency, or Court

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

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

Agency: Housing Authority/Successor Agency to RDA Position: Agency Member

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

State 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, 2017, through December 31, 2017.
 -or-
 The period covered is _____ through December 31, 2017.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
 -or-
 The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - 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)
 400 W Civic Center Drive Santa Ana CA 92701
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (714)834-3550 katrina.foley@ocgov.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 04/20/2023
 (month, day, year)

Signature 

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

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
San Diego Chargers

ADDRESS *(Business Address Acceptable)*
3333 Susan Avenue, Costa Mesa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Football Team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 17	\$ 762	Tickets (See note)
12 / 31 / 17	\$ 802	Tickets (See note)
	\$	

▶ 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)
	\$	
	\$	
	\$	

Filer's Verification

Print Name Katrina Foley

Office, Agency or Court City of Costa Mesa

Statement Type 2022/2023 Annual Assuming Leaving
 2017 Annual Candidate
(yr)

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 certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 4/20/23
(month, day, year)

Filer's Signature

Comments: Value of tickets partially refunded after 30 days due to source's failure to provide reimbursement information/ ticket value; total gift after reimbursement within applicable gift limit.