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**COVER PAGE**

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NAME OF FILER (LAST) (FIRST) (MIDDLE) **15 SEP 24 11:03:01**  
 Foley Katrina Anne

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Foley for City Council 2014

Division, Board, Department, District, if applicable

Costa Mesa City Council

Your Position

council member

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

CITY OF COSTA MESA  
 BY: [Redacted]

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

- State
- Multi-County \_\_\_\_\_
- City of Costa Mesa
- 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, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed 12/01/2014
- Candidate: Election year 2014 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - 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)  
 1600 Dove Street, Suite 101 Newport Beach CA 92660

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 949 ) 502-8800 campaign@katrinafoley.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 9/23/15 Signature \_\_\_\_\_  
 (month, day, year) statement with your filing official.)

