

**Statement of Organization
Recipient Committee**

R30
1397432

Statement Type Initial
 Not yet qualified or
 Date qualified as committee _____/_____/_____
 _____/_____/_____ Date qualified as committee (If amending to provide this date)
 Amendment Termination - See Part 5 _____/_____/_____
 _____/_____/_____ Date of termination

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 JUL 03 2017
CALIFORNIA FORM 410
 For Official Use Only
 JUL 07 2017
REGISTRAR OF VOTERS
 Deputy

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
 Foley for Mayor 2018

STREET ADDRESS (NO P.O. BOX)
 1600 Dove Street, Suite 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-502-8800

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
 campaign@katrinafoley.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	Costa Mesa

NAME OF TREASURER
 Kimberlee Belli

STREET ADDRESS (NO P.O. BOX)
 1600 Dove Street, Suite 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-502-8800

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
 Katrina Foley

STREET ADDRESS (NO P.O. BOX)
 1600 Dove Street, Suite 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	949-502-8800

Attach additional information on appropriately labeled continuation sheets.

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 6/27/17 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/27/17 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION First Bank	AREA CODE/PHONE 949-476-3255	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 4301 MacArthur Boulevard	CITY Newport Beach	STATE CA
		ZIP CODE 92660

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."
- 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
Katrina Foley	Mayor for Costa Mesa	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>