Statement of Organization
Recipient Committee

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CITY OF COSTA MESA
BY jasmine, mail

CALIFORNIA FORM 410
For Official Use Only

Statement Type

☐ **Initial**
Not yet qualified ☐ or

___/___/___
Date qualified as committee

☒ **Amendment**
List I.D. number:
1377067

04 / 24 / 2015
Date qualified as committee
(If applicable)

☐ **Termination – See Part 5**
List I.D. number:
#

___/___/___
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Costa Mesa Firefighters Association Local 1465 Political Action Committee

STREET ADDRESS (NO P.O. BOX)
2001 Harbor Blvd., Suite 240

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92627	(949)374-1854

MAILING ADDRESS (IF DIFFERENT)
555 Capitol Mall, Suite 1425 Sacramento, CA 95814

FAX / E-MAIL ADDRESS
(916)442-1280 / info@olsonhagel.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	City of Costa Mesa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mark Martinez

STREET ADDRESS (NO P.O. BOX)
2001 Harbor Blvd., Suite 240

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92627	(949)374-1854

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)
Mark Martinez, Treasurer

STREET ADDRESS (NO P.O. BOX)
2001 Harbor Blvd., Suite 240

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92627	(949)374-1854

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 11-28-16 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**

COMMITTEE NAME: Costa Mesa Firefighters Association Local 1465 Political Action Committee

I.D. NUMBER: 1377067

2a. Additional Officers / Assistant Treasurers

NAME: Scott Purcell, Principal Officer
MAILING ADDRESS: 2001 Harbor Blvd., Suite 240
CITY: Costa Mesa | STATE: CA | ZIP CODE: 92627 | AREA CODE/PHONE: (949)374-1854

NAME:
MAILING ADDRESS:
CITY: | STATE: | ZIP CODE: | AREA CODE/PHONE:

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COMMITTEE NAME	I.D. NUMBER
Costa Mesa Firefighters Association Local 1465 Political Action Committee	1377067

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Wells Fargo Bank	(916)440-4205	[redacted]	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
400 Capitol Mall	Sacramento	CA	95814

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
			☐ Nonpartisan
			☐ 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
		SUPPORT	OPPOSE

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COMMITTEE NAME	I.D. NUMBER
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4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support and oppose candidates.

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Costa Mesa Firefighters Association	Public Safety and Labor Organization

STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE
2001 Harbor Blvd., Suite 240	Costa Mesa	CA	92627

Small Contributor Committee ☐ ____/____/____ Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.

-- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

-- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.