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CITY OF COSTA MESA
BY DN

Statement of Organization
Recipient Committee

Statement Type	☐ Initial Not yet qualified ☐ or __/__/__ Date qualified as committee	☒ Amendment List I.D. number: # 1397191 01 / 15 / 2015 Date qualified as committee (If applicable)	☐ Termination – See Part 5 List I.D. number: # __/__/__ Date of Termination	Date Stamp	CALIFORNIA FORM 410 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Monsoor for Mayor 2018

STREET ADDRESS (NO P.O. BOX)
1043 Harbor Blvd #571

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92626	(714)540-2295

MAILING ADDRESS (IF DIFFERENT)
603 E Alton Ave STE G Santa Ana, CA 92705

FAX / E-MAIL ADDRESS
lysaray.campaignservices@gmail.com

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

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lysa Ray

STREET ADDRESS (NO P.O. BOX)
603 E Alton Ave STE G

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	(714)540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 1/15/2018 (DATE) By [redacted] (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 1/15/2018 (DATE) By [redacted] (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)

Statement of Organization
Recipient Committee

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME	I.D. NUMBER
Mansoor for Mayor 2018	1397191

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank of America	(714)973-1000	[redacted]	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
4730 Bristol St	Santa Ana	CA	92705

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
Allan Mansoor	Mayor Costa Mesa: Costa Mesa	2018	[X] 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

Statement of Organization
Recipient Committee

CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Maynard for Mayor 2018

I.D. NUMBER
1397191

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

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR | INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET | CITY | STATE | ZIP CODE

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.