

Costa Mesa

1423783

Statement of Organization Recipient Committee

Statement Type

Form with checkboxes for Initial, Amendment, Termination and fields for qualification thresholds and date of termination.

RECEIVED AND FILED stamp from the office of the Secretary of the State of California, dated DEC 26 2019. Includes 'CALIFORNIA FORM 410' and 'For Official Use Only'.

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

Form section 1: Committee Information. Includes fields for Name of Committee (Chapman for City Council 2020), Street Address (845 Paularino Ave #D218, Costa Mesa), Full Mailing Address (c/o Lysa Ray 3843 S. Bristol St #604 Santa Ana, CA 92704), E-mail Address (lysaray.campaignservices@gmail.com), County of Domicile (Orange County), and Jurisdiction Where Committee is Active (Costa Mesa).

Form section 2: Treasurer and Other Principal Officers. Includes fields for Name of Treasurer (Lysa Ray), Street Address (3843 S Bristol St #604, Santa Ana, CA 92704), Name of Assistant Treasurer, Name of Principal Officer(s), and their respective addresses.

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.

Signature lines for verification. Includes dates (12/20/2019) and signatures for Treasurer/Assistant Treasurer and three Controlling Officeholders.

RECEIVED CITY OF COSTA MESA 20 FEB - 5 AM 9:11 CITY CLERK

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Chapman for City Council 2020

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	

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." Stating "No party preference" is acceptable.
- 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		(list political party below)
			Nonpartisan	Partisan	
Ben Chapman	City Council Member: City of Costa Mesa District 2	2020	X		
			Nonpartisan	Partisan	(list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	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**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Chapman for City Council 2020

I.D. NUMBER

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

AREA CODE/PHONE

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.