

Statement of Organization Recipient Committee		1113 C 1 True		n the office of to	D'AND F	IL GALIFO	
Statement Type	☐ Initial  Not yet qualified ☐ or	✓ Amendment     List I.D. number:	mination – See Part 5 number:		te of Califo 1 0 2013	1	of <del>Unit</del> ial ese Only
	//	12/02/2013	_// e of Termination	DEBRA Secreta	A BOWE ry of State By_		1 3 2013 AND ROF VOTERS
1. Committee I	nformation		2. Treasurer and	Other Principa			Doputy
Lee Ramos for C	Costa Mesa City Council :	2014	NAME OF TREASURER				
STREET ADDRESS (NO P. 2001 Aliso Ave	.o. Box)		Lysa Ray  STREET ADDRESS INO P.O.	BOX)		·	
2001 Aliso Ave			603 E Alton A	ve STE H			
CITY COSES MOSES CA	STATE	ZIP GODE AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa, CA		710-510-6388	Santa Ana,	CA 92705			714-540-2295
MAILING ADDRESS (IF D 603 E Alton Ave Santa Ana, CA	STE H		NAME OF ASSISTANT TREA	SURER, IF ANY			,11 510 2255
FAX / E-MAIL ADDRESS	mail ass/lesses		STREET ADDRESS (NO P.O.	BOX)			
	mail.com/lysaray.campaig						
COUNTY OF DOMICILE	Orange	ERE COMMITTEE IS ACTIVE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
	•		NAME OF PRINCIPAL OFFIC	CER(S)			
Attach additional	l information on appropriate	ly labeled continuation sheets.	STREET ADDRESS (NO P.O.	BOX)			-
			CITY		STATE	ZIP CODE	AREA CODE/PHONE
3. Verification	40.	74.1					
I have used all r	reasonable diligence in prepa	aring this statement and to the best of	my-knowlodgo the infe				
penalty of perju	ary under the laws of the Sta	te of California that the foregoing is tr	ue and correct.	imation contained	nerein is true	e and complete	e. I certify under
Executed on	12/2//3 BV						
1	1/5/12	SIGNAT	URE OF TREASURER OR ASSISTANT TR	REASURER			
Executed on	By _						
Executed on		SIGNATURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR S	STATE MEASURE PROPONEN		***************************************	
Executed Oil	DATE By	SIGNATURE OF CONTROLLI	NG OFFICEHOLDER, CANDIDATE, OR S	STATE MEASURE PROPONENT	T.		
Executed on	Ву		7	The state of the s			
	DATE	SIGNATURE OF CONTROLL	ING OFFICEHOLDER, CANDIDATE, OR	STATE MEASURE PROPONEN	Т		

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee					CALIFORNIA 410
NSTRUCTIONS ON REVERSE					FORM CILU
COMMITTEE NAME	W. Alle			OFFICE AND ADDRESS OF THE PROPERTY OF THE PROP	Page 2 of 3
Lee Ramos for Costa Mesa City Council 2014					.D. NUMBER
Total Collection Countries and Collection Countries Collection Col			A STATE OF THE STA		1361842
<ul> <li>All committees must list the financial institution where the campaign</li> </ul>	gn bank accoun	et is located.			HALL THE
NAME OF FINANCIAL INSTITUTION	AREA C	DDE/PHONE	BANK ACCOUNT NUM	DED	
Bank of America	1	714-973-8495	J. W.	BEN	
ADDRESS	CITY		STATE	ZIP CODE	
3730 S Bristol St	S	Santa Ana	CA	92705	
1. Type of Committee Complete the applicable sections.					
Controlled Committee					
<ul> <li>List the name of each controlling officeholder, candidate, or st district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate.</li> <li>If this committee acts jointly with another controlled committee.</li> </ul>	ate is affiliated	or check "nonpartisan	." umber of the other con		ctive office sought or held, and
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	·	(INCLUDE DISTRICT NUMB		YEAR OF ELECTION	PARTY
Lee Ramos	Costa City	Mesa Council Member		2014	X Nonpartisan
					Nonpartisan
Primarily Formed Committee Primarily formed to support o	r oppose spec	ific candidates or meas	ures in a single electior	. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	LETTER)	CANDIDATE(S (INCLU	OFFICE SOUGHT OR HELD OR DE DISTRICT NO., CITY OR COU	MEASURE(S) JURISDICTION ITY, AS APPLICABLE)	CHECK ONE
					SUPPORT OPPOSE
					SUPPORT OPPOSE

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## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA EORIM

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I.D. NUMBER

iee	Ramos	for	Costa	Mesa	City	Council	2014	

nec Ramos for Costa Mesa C	State of the second sec		1361842
4. Type of Committee	(Continued)		
General Purpose Committee		ndidates or measures in a single election. Check only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
<b>Sponsored Committee</b> Lis	t additional sponsors on an attachment.		
NAME OF SPONSOR	and the state of t	INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND ST	REET CITY	STATE ZIP CODE	
Small Contributor Committee			The state of the s

- 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.