

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

11/10/2011  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination – See Part 5

List I.D. number:

# 1338970

04/04/2014  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED  
CITY CLERK**  
14 APR 15 PM 4:56  
CITY OF COSTA MESA  
BY \_\_\_\_\_

**CALIFORNIA FORM 410**  
For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Friends of Gary Monahan for City Council 2012

STREET ADDRESS (NO P.O. BOX)  
2000 Newport Blvd

CITY STATE ZIP CODE AREA CODE/PHONE  
Costa Mesa, CA 92627 714-540-2295

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

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Orange Orange

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Lysa Ray

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

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

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

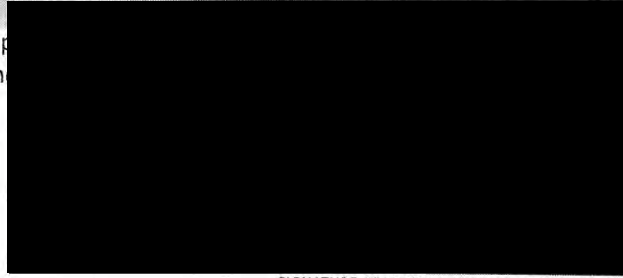
I have used all reasonable diligence in preparation of this statement and, under penalty of perjury under the laws of the State of California, certify that the information contained herein is true and complete. I certify under

Executed on 4/4/14  
DATE

Executed on 4/5/14  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE



SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

the information contained herein is true and complete. I certify under

ASSISTANT TREASURER

CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Friends of Gary Monahan for City Council 2012

I.D. NUMBER

1338970

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE 714-973-8495	BANK ACCOUNT NUMBER
ADDRESS 3730 S Bristol St	CITY Santa Ana	STATE CA
		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."
- 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
Gary Monahan	City of Costa Mesa City Council Member	2012	<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"/>

**Statement of Organization  
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COMMITTEE NAME

Friends of Gary Monahan for City Council 2012

**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.