

COPY

Statement of Organization Recipient Committee

Statement Type

Initial Not yet qualified or

Amendment List I.D. number:

Termination - See Part 5 List I.D. number:

Date qualified as committee

Date qualified as committee (if applicable)

1284786 12 / 30 / 14 Date of Termination

Stamp area containing 'CALIFORNIA FORM 410', 'FILED', 'MAR 10 2015', 'REGISTRAR OF VOTERS', and 'Deputy'.

1. Committee Information

NAME OF COMMITTEE

Friends of Wendy Leece for Costa Mesa City Council 2010

STREET ADDRESS (NO P.O. BOX)

1804 Capetown Circle

CITY STATE ZIP CODE AREA CODE/PHONE

Costa Mesa CA 92627 949-241-7211

MAILING ADDRESS (IF DIFFERENT)

leecefam@sbcglobal.net

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange

City of Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Marcia Lynne

STREET ADDRESS (NO P.O. BOX)

1804 Capetown Circle

CITY STATE ZIP CODE AREA CODE/PHONE

Costa Mesa CA 92627 949-607-6702

NAME OF ASSISTANT TREASURER, IF ANY

Wendy Leece

STREET ADDRESS (NO P.O. BOX)

1804 Capetown Circle

CITY STATE ZIP CODE AREA CODE/PHONE

Costa Mesa CA 92627 949-241-7211

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 Dec. 30, 2014 By [Redacted] FOR ASSISTANT TREASURER

Executed on Dec. 30, 2014 By [Redacted] CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Leece for Costa Mesa City Council 2010, Friends of Wendy	I.O. NUMBER 1284786
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION US Bank	AREA CODE/PHONE 949 642-7422	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 360 E. 17th St.	CITY Costa Mesa	STATE CA
		ZIP CODE 92627

**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
Wendy Leece	City Council Person, City of Costa Mesa	2010	<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  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME  
Leece For Costa Mesa City Council 2010, Friends of Wendy

I.D. NUMBER  
1284786

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.