

**Statement of Organization  
Recipient Committee**

*Courtesy Copy*

RECEIVED  
CITY CLERK  
Date Stamp  
16 FEB -1 AM 9:52  
CITY OF COSTA MESA  
BY *M. Taylor*

**CALIFORNIA FORM 410**  
For Official Use Only

Statement Type  Initial  
Not yet qualified  or  
Date qualified as committee

Amendment  
List I.D. number: # 1359386  
Date qualified as committee (if applicable) 12 / 31 / 2013

Termination - See Part 5  
List I.D. number: #  
Date of Termination

**1. Committee Information**

NAME OF COMMITTEE  
COSTA MESA DEMOCRATIC CLUB  
STREET ADDRESS (NO P.O. BOX)  
111 N. La Brea Ave., Suite 408  
CITY STATE ZIP CODE AREA CODE/PHONE  
Inglewood CA 90301 (310) 817-6679  
MAILING ADDRESS (IF DIFFERENT)  
FAX / E-MAIL ADDRESS  
(310) 672-6679 / mymsanders@politicalreportingplus.com  
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Orange City of Costa Mesa

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Michelle Moore Sanders  
STREET ADDRESS (NO P.O. BOX)  
111 N. La Brea Ave., Suite 408  
CITY STATE ZIP CODE AREA CODE/PHONE  
Inglewood CA 90301 (310) 817-6679  
NAME OF ASSISTANT TREASURER, IF ANY  
Cine D. Ivery  
STREET ADDRESS (NO P.O. BOX)  
111 N La Brea Ave., Suite 408  
CITY STATE ZIP CODE AREA CODE/PHONE  
Inglewood CA 90301-1413 (310) 817-6679  
NAME OF PRINCIPAL OFFICER(S)  
Mary Ann O'Connell - Chairman  
STREET ADDRESS (NO P.O. BOX)  
111 N. La Brea Ave., Suite 408  
CITY STATE ZIP CODE AREA CODE/PHONE  
Inglewood CA 90301-1413 (310) 817-6679

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.

Executed on JAN 28 2016 DATE By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
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  
Executed on \_\_\_\_\_ DATE By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**State nt of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME COSTA MESA DEMOCRATIC CLUB	I.D. NUMBER 1359386
--	------------------------

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213) 228-1700	BANK ACCOUNT NUMBER REDACTED	
ADDRESS 550 S. Hope Street, Suite 100	CITY Los Angeles	STATE CA	ZIP CODE 90071

**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	PAR TY
			<input 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

State of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
COSTA MESA DEMOCRATIC CLUB

I.D. NUMBER  
1359386

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

voter education and awareness

**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.