

RECEIVED
CITY CLERK

16 DEC 12 AM 9:22

CITY OF COSTA MESA
BY JM

Costa mesa

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or
Date qualified as committee

Amendment
List I.D. number:
1377067
Date qualified as committee
(If applicable) 04 / 24 / 2015

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

Date of Termination

RECEIVED
in the office of the Secretary of
of the State of California
CALIFORNIA FORM 410
For Official Use Only
OCT 11 2016
NOV 04 2016
REGISTRAR OF VOTERS
Deputy
By
Hand Delivered, Sacramento

1. Committee Information

NAME OF COMMITTEE
Costa Mesa Firefighters Association Local 1465 Political Action Committee
in support of Genis, Stephens, and Humphrey for City Council 2016
STREET ADDRESS (NO P.O. BOX)
2001 Harbor Blvd., Suite 240
CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92627 (949) 374-1854
MAILING ADDRESS (IF DIFFERENT)
555 Capitol Mall, Suite 1425 Sacramento, CA 95814
FAX / E-MAIL ADDRESS
(916) 442-1280 / info@olsonhagel.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange City of Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Mark Martinez
STREET ADDRESS (NO P.O. BOX)
2001 Harbor Blvd., Suite 240
CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92627 (949) 374-1854
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)
Mark Martinez, Treasurer
STREET ADDRESS (NO P.O. BOX)
2001 Harbor Blvd., Suite 240
CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92627 (949) 374-1854

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 10-10-16 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, 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

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2 of 5
I.D. NUMBER 1377067

COMMITTEE NAME
Costa Mesa Firefighters Association Local 1465 Political Action Committee in support of Genis, Stephens, and Humphrey for City Council 2016

2a. Additional Officers / Assistant Treasurers

NAME			
Scott Purcell, Principal Officer			
MAILING ADDRESS			
2001 Harbor Blvd., Suite 240			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92627	(949) 374-1854
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Costa Mesa Firefighters Association Local 1465 Political Action Committee in support of Genis, Stephens, and Humphrey for City Council 2016	I.D. NUMBER 1377067
---	------------------------

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (916) 440-4205	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 400 Capitol Mall	CITY Sacramento	STATE CA	ZIP CODE 95814

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
			<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
Sandy Genis	City Council Member: City of Costa Mesa	X	
John Stephens	City Council Member: City of Costa Mesa	X	

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 4 of 5

COMMITTEE NAME

Costa Mesa Firefighters Association Local 1465 Political Action Committee in support of Genis, Stephens, and Humphrey for City

I.D. NUMBER

0307057 2016

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
Jay Humphrey	City Council Member: City of Costa Mesa	X	

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Costa Mesa Firefighters Association Local 1465 Political Action Committee in support of Genis, Stephens, and Humphrey for City Council 2016

I.D. NUMBER
1377067

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		
Costa Mesa Firefighters Association		Public Safety and Labor Organization		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
2001 Harbor Blvd., Suite 240		Costa Mesa	CA	92627

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.