

# Statement of Organization Recipient Committee

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or  
 # 1359386 # \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date qualified as committee Date qualified as committee (If applicable) 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 / cine@politicalreportingplus.com  
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Orange City of Costa Mesa

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER  
Michael Hogan  
 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  
Ms. 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 90301-4604 (310) 817-6679  
 NAME OF PRINCIPAL OFFICER(S)  
Michelle Moore Sanders - Asst. Treasurer  
 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 7/1/2017 By \_\_\_\_\_  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

COSTA MESA DEMOCRATIC CLUB

1359386

2a. Additional Officers / Assistant Treasurers

NAME

Kathy Andrews - Chairwoman

MAILING ADDRESS

111 N. La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301-1413	(310) 817-6679

NAME

Sue Meyer - Vice Chair

MAILING ADDRESS

111 N. La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301-4604	(310) 817-6679

NAME

Christi Whittmore - Secretary

MAILING ADDRESS

111 N. La Brea Ave., Suite 408

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Inglewood	CA	90301-4604	(310) 817-6679

NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME

MAILING ADDRESS

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# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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

# Statement 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.