

Statement of Organization Recipient Committee

Statement Type

 Initial

 Not yet qualified or

Date qualified as committee

 Amendment

List I.D. number:

1377067

 04 / 24 / 2015
Date qualified as committee
(If applicable)

 Termination – See Part 5

List I.D. number:

Date of Termination

Date Stamp RECEIVED CITY CLERK 18 MAR 19 AM 10:24 CITY OF COSTA MESA BY _____	CALIFORNIA FORM 410
For Official Use Only	

1. Committee Information

NAME OF COMMITTEE

Costa Mesa Firefighters Association Local 1465 Political Action Committee

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 400 Sacramento, CA 95814

FAX / E-MAIL ADDRESS

(916) 442-1280 / info@olsonhagel.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

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
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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 2/22/2018
DATE

By _____

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

Statement of Organization Recipient Committee

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Costa Mesa Firefighters Association Local 1465 Political Action Committee

1377067

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
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NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Costa Mesa Firefighters Association Local 1465 Political Action Committee	I.D. NUMBER 1377067
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- 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

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COMMITTEE NAME

Costa Mesa Firefighters Association Local 1465 Political Action Committee

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

To support and oppose candidates.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Costa Mesa Firefighters Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

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.