

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination - See Part 519  
 Not yet qualified  
 or  
 Date qualified as committee 04 / 24 / 2015 \_\_\_\_\_  
 Date qualified as committee Date of termination

RECEIVED  
 CITY CLERK  
 Date Stamp  
 MAR 14 PM 3:21  
 CITY OF COSTA MESA  
 BY [REDACTED]

**CALIFORNIA FORM 410**  
 For Official Use Only

<p><b>1. Committee Information</b></p> <p><b>I.D. Number</b> (if applicable) 1377067</p> <p>NAME OF COMMITTEE                  Costa Mesa Firefighters Association Local 1465 Political Action Committee</p> <p>STREET ADDRESS (NO P.O. BOX)                  2001 Harbor Blvd., Suite 240</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Costa Mesa</td> <td>CA</td> <td>92627</td> <td>(949) 374-1854</td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT)                  555 Capitol Mall, Suite 400 Sacramento, CA 95814</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)                  (916) 442-1280 / info@olsonhagel.com</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>COUNTY OF DOMICILE</th> <th>JURISDICTION WHERE COMMITTEE IS ACTIVE</th> </tr> <tr> <td>Orange</td> <td>City of Costa Mesa</td> </tr> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Costa Mesa	CA	92627	(949) 374-1854	COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	Orange	City of Costa Mesa	<p><b>2. Treasurer and Other Principal Officers</b></p> <p>NAME OF TREASURER                  Mark Martinez</p> <p>STREET ADDRESS (NO P.O. BOX)                  2001 Harbor Blvd., Suite 240</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Costa Mesa</td> <td>CA</td> <td>92627</td> <td>(949) 374-1854</td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY                  Luke Anderson</p> <p>STREET ADDRESS (NO P.O. BOX)                  2001 Harbor Blvd., Suite 240</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Costa Mesa</td> <td>CA</td> <td>92627</td> <td>(949) 374-1854</td> </tr> </table> <p>NAME OF PRINCIPAL OFFICER(S)                  Mark Martinez, Treasurer</p> <p>STREET ADDRESS (NO P.O. BOX)                  2001 Harbor Blvd., Suite 240</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> <th>AREA CODE/PHONE</th> </tr> <tr> <td>Costa Mesa</td> <td>CA</td> <td>92627</td> <td>(949) 374-1854</td> </tr> </table>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Costa Mesa	CA	92627	(949) 374-1854	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Costa Mesa	CA	92627	(949) 374-1854	CITY	STATE	ZIP CODE	AREA CODE/PHONE	Costa Mesa	CA	92627	(949) 374-1854
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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 2/20/2019 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_ By \_\_\_\_\_  
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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

**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

Luke Anderson, 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

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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." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY (list political party below)
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
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INSTRUCTIONS ON REVERSE

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  Political Party/Central 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

AREA CODE/PHONE

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.