

**Statement of Organization  
Recipient Committee**

**Statement Type**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Initial  | <input checked="" type="checkbox"/> Amendment      | <input type="checkbox"/> Termination - See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met<br>08 / 20 / 2020 | Date of termination                               |

RECEIVED  
CITY CLERK  
Date Stamp  
20 SEP -8 AM 10:29  
CITY OF COSTA MESA  
BY [Redacted]

**CALIFORNIA  
FORM 410**  
For Official Use Only

|                                 |  |  |
|---------------------------------|--|--|
| <b>1. Committee Information</b> | <b>I.D. Number</b><br>(if applicable) <i>Pending</i> | <b>2. Treasurer and Other Principal Officers</b> |
|---------------------------------|--|--|

**NAME OF COMMITTEE**  
Harper for City Council 2020

**STREET ADDRESS (NO P.O. BOX)**  
3061 Capri Ln  
CITY STATE ZIP CODE AREA CODE/PHONE  
Costa Mesa CA 92626 (714)863-3574

**FULL MAILING ADDRESS (IF DIFFERENT)**  
c/o Lysa Ray 3843 S Bristol St #604 Santa Ana, CA 92704

**E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)**  
lysaray.campaignservices@gmail.com

|  |   |
|--|---|
| <b>COUNTY OF DOMICILE</b><br>Orange County | <b>JURISDICTION WHERE COMMITTEE IS ACTIVE</b><br>Costa Mesa |
|--|---|

**NAME OF TREASURER**  
Lysa Ray

**STREET ADDRESS (NO P.O. BOX)**  
3843 S Bristol St STE 604  
CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Ana CA 92704 (714)540-2295

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO P.O. BOX)**

**CITY STATE ZIP CODE AREA CODE/PHONE**

**NAME OF PRINCIPAL OFFICER(S)**

**STREET ADDRESS (NO P.O. BOX)**

**CITY STATE ZIP CODE AREA CODE/PHONE**

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 | 8/20/2020 | By | [Redacted] | TREASURER OR ASSISTANT TREASURER   |
|             | DATE      |    |            |  |
| Executed on | 8/20/2020 | By | [Redacted] | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
|             | DATE      |    |            |  |
| Executed on | _____     | By | _____      | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
|             | DATE      |    |            |  |
| Executed on | _____     | By | _____      | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
|             | DATE      |    |            |  |

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Harper for City Council 2020

I.D. NUMBER

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

|  |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION<br>Bank of America | AREA CODE/PHONE<br>(714)708-6919 | BANK ACCOUNT NUMBER<br>[REDACTED] |
| ADDRESS<br>3730 S Bristol St                     | CITY<br>Santa Ana                | STATE<br>CA                       |
|  |                                  | ZIP CODE<br>92701                 |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY            |                              |
|--|---|------------------|------------------|------------------------------|
|  |   |                  | CHECK ONE        | (list political party below) |
| Don Harper   | City Council Member City of Costa Mesa District 1                         | 2020             | Nonpartisan<br>X | Partisan                     |
|  |   |                  | Nonpartisan      | Partisan                     |

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

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INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

Harper for City Council 2020

I.D. NUMBER

**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

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**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.