Statement of Organi Recipient Committee			CITY CLERK CALIFORNIA 410				
	yet qualified or qualified as committee 09 / 15 / 2022	nination – See Part 5	22 SEP 26 AH II:	04	or Official Use Only		
1. Committee Informat	tion I.D. Number (if applicable) 1453687	2. Treasurer and	Other Principal Office	s			
NAME OF COMMITTEE		NAME OF TREASURER					
Costa Mesa for Everyone	, Yes on Measure K	Tammi McIntyre	7 10 10 10 Me				
-		STREET ADDRESS (NO P.O. BOX)					
	10.40 (O. 10.10)	CITY	07175	710.0005	1051 5055/01015		
STREET ADDRESS (NO P.O. BOX)		Fullerton	STATE CA	ZIP CODE 92832	AREA CODE/PHONE (949) 697-7532		
	4051 0005 PUDIS	NAME OF ASSISTANT TREASURES		92032	(949/09/-/332		
CITY	STATE ZIP CODE AREA CODE/PHONE		K, IF ANT				
Fullerton	CA 92835 (949)697-7532	Joana Barceloa STREET ADDRESS (NO P.O. BOX)					
MAILING ADDRESS (IF DIFFERENT)		STREET ADDRESS (NO F.O. BOX)					
E-MAIL ADDRESS (REQUIRED) / FAX (O	PTIONAL)	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
(949)271-4896 / t-mac-c	onsulting@pacbell.net	Fullerton	CA	92835	(714)745-5281		
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)					
Orange	Orange Co	Thomas Arnold III					
		STREET ADDRESS (NO P.O. BOX)					
A + +	i	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
Attach additional informat	ion on appropriately labeled continuation sheets.	Costa Mesa	CA	92627	(949)838-5120		
Executed on DA Executed on DA Executed on DA	SIGNATUI BY SIGNATURE OF CONTROLLING BY		IRER MEASURE PROPONENT	e and complet	e. I certify under		
		G OFFICEHOLDER, CANDIDATE, OR STATE	MEASURE PROPONENT				

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Page 2 Page 2 of 3 COMMITTEE MAME ADDRESS All committees must list the financial institution where the campaign bank account is located. MAIL COMMITTEE MANE ACCOUNT NUMBER Pacific Premier Bank ADDRESS CITY STATE 2P CODE 200 W Commonwealth Ave Fullerton CA 92832 4. Type of 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. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable. List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable. List the political party below) Party CHICK ONE CHICK ONE CANDIDATISA STATE "ACCALLED TO STATE MEASURE PROPONENT (INCLUDE DISTRICT NO. CITY OR COUNTY, AS APPLICABLE) COMINION OF COUNTY, AS APPLICABLE) COMMITTEE CONTROLLED TO STATE THE LO OR MEASURE STATE THE LO OR	Statement of Organization Recipient Committee								CALIFORNIA 410					
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• All committees must list the financial institution where the campaign bank account is located. **RAMA CODET/MONE** **Pacific Premier Bank** **CIV** **STATE** **CADE PROJECT Premier Bank** **CONTROLLEGE PREMIE	COMMITTEE NAME		I.D. NUMBER											
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SUPPORT OPPOSE														

CALIFORNIA Statement of Organization **Recipient Committee** INSTRUCTIONS ON REVERSE Page 3 of 3 COMMITTEE NAME I.D. NUMBER 1453687 Costa Mesa for Everyone, Yes on Measure K 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 List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STREET ADDRESS NO. AND STREET STATE ZIP CODE AREA CODE/PHONE

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.