

**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 or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	10 / 16 / 2020	_____ / _____ / _____

RECEIVED
Date Stamp
CITY CLERK

22 OCT 20 PM 12:48

CITY OF COSTA MESA
BY *dey*

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information	2. Treasurer and Other Principal Officers
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I.D. Number (if applicable) 1426469

NAME OF COMMITTEE
Excellence in Education, Supporting Moorlach for Mayor 2022

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92704	(765) 086-3481 x3

FULL MAILING ADDRESS (IF DIFFERENT)
lysaray.campaignservices@gmail.com Santa Ana, CA 92704

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

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
San Mateo	State of CA

NAME OF TREASURER
Lysa Ray

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

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)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Jason Scalese

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Mateo	CA	94401	(650) 863-4813

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	10/5/2022	By	[REDACTED]
	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
Excellence in Education, Supporting Moorlach for Mayor 2022

ID NUMBER
1426469

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (714) 708-6919	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 3730 S Bristol St	CITY Santa Ana	STATE ZIP CODE CA 92704

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	PARTY		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
John Moorlach	Mayor Costa Mesa	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

**Statement of Organization
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INSTRUCTIONS ON REVERSE

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FORM 410**

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COMMITTEE NAME

Excellence in Education, Supporting Moorlach for Mayor 2022

I.D. NUMBER

1426469

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

Support candidates who protect the rights of students in schools

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.