

COPY

Statement of Organization Recipient Committee

Statement Type

Form with checkboxes for Initial, Amendment, Termination and date fields for qualification and termination.

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CALIFORNIA FORM 410 For Official Use Only

1. Committee Information I.D. Number 1377067 2. Treasurer and Other Principal Officers

Form for Committee Information including Name of Committee, Street Address, City, State, Zip Code, Area Code/Phone, Full Mailing Address, E-mail Address, County of Domicile, and Jurisdiction.

Form for Treasurer and Other Principal Officers including Name of Treasurer, Street Address, City, State, Zip Code, Area Code/Phone, Name of Assistant Treasurer, Name of Principal Officer(s), and their contact information.

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.

Signature lines for verification with handwritten dates (3/1/2023) and blank signature lines.

Statement of Organization Recipient Committee

CALIFORNIA
FORM **410**

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

Mark Martinez, Principal Officer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tustin	CA	92780	(949) 374-1854

NAME

Steve Cathey, Assistant Treasurer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tustin	CA	92780	(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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NAME

MAILING ADDRESS

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NAME

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NAME

MAILING ADDRESS

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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." 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 CHECK ONE		
			Nonpartisan	Partisan	(list political party below)
			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
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Costa Mesa Firefighters Association Local 1465 Political Action Committee

I.D. NUMBER

1327062

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

AREA CODE/PHONE

Tustin

CA

92780

(949) 374-1854

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.