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Returned: ~~\_\_\_\_\_~~

Statement of Organization  
Recipient Committee

1469864

MAY 29 2024

RECEIVED AND FILED  
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of the State of California

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

MAY 13 2024

RJD

Statement Type

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

**1. Committee Information** I.D. Number (if applicable)

NAME OF COMMITTEE  
John Stephens for  
Costa Mesa Mayor 2024

STREET ADDRESS (NO P.O. BOX)  
\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
COSTA MESA CA 92626 (714)337-1872

FULL MAILING ADDRESS (IF DIFFERENT)  
\_\_\_\_\_

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)  
JOHN@SF-LAWYERS.COM

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
\_\_\_\_\_

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Ron Frankiewicz

STREET ADDRESS  
\_\_\_\_\_

EMAIL ADDRESS OF TREASURER (REQUIRED)  
ron@rcedwardscpa.com

NAME OF ASSISTANT TREASURER, IF ANY  
\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
\_\_\_\_\_

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE  
\_\_\_\_\_

NAME OF PRINCIPAL OFFICER(S)  
\_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE  
\_\_\_\_\_

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE  
\_\_\_\_\_

**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 3/7/24 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/7/24 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

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

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

RECEIVED  
via email  
JUN 11 2024  
City Clerk Office

BY: \_\_\_\_\_

FPPC Form 410 (October 2023)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 2

COMMITTEE NAME <i>John Stephens for Costa Mesa Mayor 2024</i>	I.D. NUMBER <i>TBD</i>
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS <i>First Bank</i>	AREA CODE/PHONE <i>949 4756325</i>	BANK ACCOUNT NUMBER <i>TBD</i>
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ADDRESS OF FINANCIAL INSTITUTION [REDACTED]	CITY [REDACTED]	STATE <i>CA</i>	ZIP CODE <i>92660</i>
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**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		(list political party below)
<i>John Stephens</i>	<i>Costa Mesa Mayor</i>	<i>2024</i>	<input checked="" type="checkbox"/> Nonpartisan	<input type="checkbox"/> Partisan	
			<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> 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