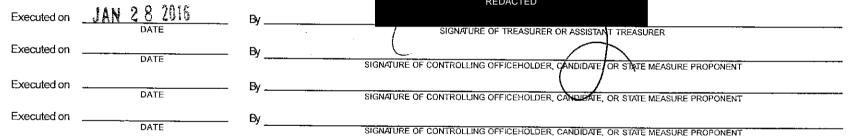
Statemε of Recipienτ Co	Organization mmittee	I	Con	urtesy Copy	n an		RECEIV	te Stamp	CALIFO FOR	
Statement Type	Initial Not yet qualified J J Date qualified as cor		X Amendme List I.D. number # <u>1359386</u> <u>12</u> <u>31</u> Date qualified as (ff applic	<u> </u>	List I.D. 1	mination – See P number: // e of Termination		ERK M 9:52 MESA MESA		Official Use Only
1. Committee	Information					2. Treasurer	and Other Princ	ipal Offi	cers	
NAME OF COMMITT	ΈE					NAME OF TREAS	URER	•		
COSTA MESA DE	MOCRATIC CLUB					Michelle Moor	re Sanders			
TTREET ADDRESS	(NO PO BOX)			·····		STREET ADDRES				
111 N. La Bre	a Ave., Suite 40	3				111 N La Bre	ea Ave., Suite 408			
CITY		STATE	ZIP CODE	AREA CODE/PH	ONE	CITY		STATE	ZIP CODE	AREA CODE/PHONE
Inglewood		CA	90301	(310)817-66	79	Inglewood		CA	90301	(310)817-6679
MAILING ADDRESS ((IF DIFFERENT)						NTTREASURER, IF ANY		56301	(310)817-6673
						Cipa D. Tura-				
FAX / E-MAIL ADDRI	ESS					<u>Cine D. Iver</u> STREET ADDRES		· · ·		
(310)672-6679	/ mymsanders@pol	liticalrepo	rtingplus.com			111 N La Bre:	a Ave., Suite 408			
COUNTY OF DOMIC	and the second se		WHERE COMMITTE			CITY		STATE	ZIP CODE	AREA CODE/PHONE
Orange		City of C	Costa Mesa			Inglewood		CA	90301-1413	(310)817-6679
				• • • • • • • • • • • • • • • • • • •		NAME OF PRINCIPA	AL OFFICER(S)		30301-1413	(310) 817-8679
						Mary Ann O'C	onnell - Chairman			
Attach additiona	al information on ap	nmnriatelvi	abeled continu	ation sheets		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			
	a momuton on up	propriatory	aberea commu	allon Sheeta.		111 N. La Bre	ea Ave., Suite 408			
						CITY	·	STATE	ZIP CODE	AREA CODE/PHONE
						Inglewood		CA	90301-1413	(310)817-6679
2 Marifiantian										

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 foregoind is true and correct REDACTED



State **nt of Organization Recipient Committee**

INSTRUCTIONS ON REVERSE	Page 2 of 3
COMMITTEE NAME	I.D. NUMBER
COSTA MESA DEMOCRATIC CLUB	1359386

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
California Bank & Trust	(213)228-1700	REDACT	ED	
ADDRESS	CITY	STATE	ZIP CODE	· · · ·
550 S. Hope Street, Suite 100	Los Angeles	CA	90071	

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."
- 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	PAR TY
			Nonpartisan
			Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHEC	ONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

CALIFORNIA FORM

tate int of Organization					
Recipient Committee			CALIFORNIA FORM	410	
INSTRUCTIONS ON REVERSE				<u></u> .	
COMMITTEE NAME COSTA MESA DEMOCRATIC CLUB		<u> </u>	Page 3 of 3 I.D. NUMBER 1359386		
4. Type of Committee (Continued)					
General Purpose Committee Not formed to support or oppose specific candidate	tes or measures in a single election. Check only one box:				
PROVIDE BRIEF DESCRIPTION OF ACTIVITY					
/oter education and awareness					
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			
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.