

**Statement of Organization  
Recipient Committee**

RECEIVED  
CITY CLERK

**CALIFORNIA  
FORM 410**  
For Official Use Only

Statement Type  Initial  
Not yet qualified  or  
\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 6  
List I.D. number:  
# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

APR 15 PM 1:54  
CITY OF COSTA MESA  
BY \_\_\_\_\_

**1. Committee Information**

NAME OF COMMITTEE  
Mansoor for City Council 2016  
STREET ADDRESS (NO P.O. BOX)  
2973 Harbor Blvd #571  
CITY STATE ZIP CODE AREA CODE/PHONE  
Costa Mesa CA 92626 (714) 540-2295  
MAILING ADDRESS (IF DIFFERENT)  
603 E Alton Ave STE G Santa Ana, CA 92705  
FAX / E-MAIL ADDRESS  
lysaray.campaignservices@gmail.com  
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Orange Costa Mesa

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Lysa Ray  
STREET ADDRESS (NO P.O. BOX)  
603 E Alton Ave STE G  
CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Ana CA 92705 (714) 540-2295  
NAME OF ASSISTANT TREASURER, IF ANY  
STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE  
NAME OF PRINCIPAL OFFICER(S)  
STREET ADDRESS (NO P.O. BOX)  
CITY STATE ZIP CODE AREA CODE/PHONE

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 4/15/2016 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
Executed on 4/15/2016 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

<b>CALIFORNIA FORM 410</b>
Page 2 of 3
I.D. NUMBER

COMMITTEE NAME

Mansoor for City Council 2016

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

## 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	PARTY
Allan Mansoor	City Council Member: City of Costa Mesa	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

<b>CALIFORNIA FORM 410</b>
Page 3 of 3
I.D. NUMBER

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Mansoor for City Council 2016

**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

**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.