

**Statement of Organization
Recipient Committee**

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 5
List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED
Date Stamp
CITY OF COSTA MESA
CALIFORNIA FORM 410
16 JUL 26 AM 8:18
For Official Use Only
BY J mail

1. Committee Information

NAME OF COMMITTEE
COSTA MESA RESIDENTS AGAINST THE POWER GRAB
STREET ADDRESS (NO P.O. BOX)
1904 HARBOR BLVD., #720
CITY STATE ZIP CODE AREA CODE/PHONE
COSTA MESA CA 92627 (213) 624-6200
MAILING ADDRESS (IF DIFFERENT)
515 S. FIGUEROA ST., STE. 1110 LOS ANGELES, CA 90071
FAX / E-MAIL ADDRESS
(213) 623-1692 / cary@politicallaw.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE CITY OF COSTA MESA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
CARY DAVIDSON
STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90071 (213) 624-6200
NAME OF ASSISTANT TREASURER, IF ANY
FLORA YIN
STREET ADDRESS (NO P.O. BOX)
515 S. FIGUEROA ST., STE. 1110
CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90071 (213) 624-6200
NAME OF PRINCIPAL OFFICER(S)
STEVEN SCHUYLER
STREET ADDRESS (NO P.O. BOX)
24 EXECUTIVE PARK, STE. 100
CITY STATE ZIP CODE AREA CODE/PHONE
IRVINE CA 92614 (949) 553-9500

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 7/21/2016 By _____
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	I.D. NUMBER
COSTA MESA RESIDENTS AGAINST THE POWER GRAB	

- 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		
ADDRESS	CITY	STATE	ZIP CODE
550 S. HOPE ST. #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	PARTY
			<input 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	
AN INITIATIVE TO REQUIRE VOTER APPROVAL ON CERTAIN DEVELOPMENT PROJECTS	CITY OF COSTA MESA	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COSTA MESA RESIDENTS AGAINST THE POWER GRAB

Page 3 of 3

I.D. NUMBER

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.