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CITY OF COSTA MESA  
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**CALIFORNIA FORM 410**  
For Official Use Only

### Statement of Organization Recipient Committee

Statement Type

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

1. Committee Information	I.D. Number (if applicable)	2. Treasurer and Other Principal Officers
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**1. Committee Information**

I.D. Number: 1399426

NAME OF COMMITTEE: Costa Mesa Republican Assembly PAC (CMRA PAC)

STREET ADDRESS (NO P.O. BOX): 3843 S Bristol St suite 604

CITY: Santa Ana STATE: CA ZIP CODE: 92704 AREA CODE/PHONE: (714) 540-2295

FULL MAILING ADDRESS (IF DIFFERENT): 1ray

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL): lysaray.campaignservices@gmail.com

COUNTY OF DOMICILE: Orange County JURISDICTION WHERE COMMITTEE IS ACTIVE: Costa Mesa

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: Lysa Ray

STREET ADDRESS (NO P.O. BOX): 3843 S Bristol St suite 604

CITY: Santa Ana STATE: CA ZIP CODE: 92704 AREA CODE/PHONE: (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): Jennifer Bigelow

STREET ADDRESS (NO P.O. BOX):

CITY: Costa Mesa STATE: CA ZIP CODE: 92627 AREA CODE/PHONE: (714) 293-5384

Attach additional information on appropriately labeled continuation sheets.

### B. 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 8/27/2020 By [Signature]  
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

Costa Mesa Republican Assembly PAC (CMRA PAC)

I.D. NUMBER

1399426

- 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." 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		(list political party below)
			CHECK ONE		
			Nonpartisan	Partisan	
			Nonpartisan	Partisan	

**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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Costa Mesa Republican Assembly PAC (CMRA PAC)

I.D. NUMBER

1399426

**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

Support/oppose candidates/measures in City

**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

AREA CODE/PHONE

**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.