

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input checked="" type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
10 / 16 / 2020	____ / ____ / ____	____ / ____ / ____

RECEIVED
Date Stamp
CITY CLERK
20 OCT 19 AM 10:38
CITY OF COSTA MESA
BY _____

CALIFORNIA
FORM 410
For Official Use Only

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

NAME OF COMMITTEE
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
FORM410@NMGOWLAW.COM

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
MARIN	CITY OF COSTA MESA

NAME OF TREASURER
JASON D. KAUNE

STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY
MICHAEL A. COLUMBO

STREET ADDRESS (NO P.O. BOX)
2350 KERNER BLVD., SUITE 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF PRINCIPAL OFFICER(S)
RYAN JOHNSON

STREET ADDRESS (NO P.O. BOX)
4675 MACARTHUR COURT, FLOOR 15

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92660	(949) 275-0747

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 10.16.2020 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

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
BANK OF MARIN	(415) 927-8905	[REDACTED]		
ADDRESS	CITY	STATE	ZIP CODE	
504 TAMALPAIS DRIVE	CORTE MADERA	CA	94925	

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)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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
RETAIL CANNABIS TAX AND REGULATION MEASURE : Q	CITY OF COSTA MESA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
COMMITTEE FOR ECONOMIC RECOVERY, SUPPORTING MEASURE Q, SPONSORED BY CR COSTA MESA LLC

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
CR COSTA MESA LLC

INDUSTRY GROUP OR AFFILIATION OF SPONSOR
RETAIL

STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
4675 MACARTHUR COURT,	FLOOR 15	NEWPORT BEACH	CA	92660	(949) 275-0747

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.