

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  
or

Date qualification threshold met  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Amendment

Date qualification threshold met  
10 / 16 / 2020

Termination - See Part 5

Date of termination  
10 / 29 / 2021

Date Stamp  
RECEIVED  
CITY CLERK  
21 NOV -1 PM 12:02  
CITY OF COSTA MESA

CALIFORNIA  
FORM 410

For Official Use Only

**1. Committee Information**

**I.D. Number**  
(if applicable)

1434039

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

COMMITTEE FOR ECONOMIC RECOVERY, SPONSORED BY CR COSTA MESA LLC

STREET ADDRESS (NO P.O. BOX)

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@NMGVLAW.COM

COUNTY OF DOMICILE

MARIN

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF COSTA MESA

NAME OF TREASURER

JASON D. KAUNE

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN RAFAEL CA 94901 (415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY

JAMES W. CARSON

STREET ADDRESS (NO P.O. BOX)

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)

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 92660 (949) 275-0747

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 10/29/2021 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICERHOLDER, 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

**CALIFORNIA  
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COMMITTEE NAME

COMMITTEE FOR ECONOMIC RECOVERY, SPONSORED BY CR COSTA MESA LLC

I.D. NUMBER

1434039

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

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

**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

**Statement of Organization  
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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COMMITTEE FOR ECONOMIC RECOVERY, SPONSORED BY CR COSTA MESA LLC

I.D. NUMBER

1434039

**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

TO SUPPORT OR OPPOSE STATE AND LOCAL MEASURES

**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

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.