

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met 04 / 24 / 2015	Date of termination ____ / ____ / ____

Date Stamp
RECEIVED
CITY CLERK
Via mail
24 MAY 31 AM 10:18
CITY OF COSTA MESA
BY [Redacted]

CALIFORNIA FORM 410
For Official Use Only

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Costa Mesa Firefighters Association Local 1465 Political Action Committee		(if applicable) 1377067		NAME OF TREASURER Luke Anderson			
STREET ADDRESS (NO P.O. BOX) [Redacted]		CITY Tustin		STATE CA		ZIP CODE 92780	
CITY Tustin		STATE CA		ZIP CODE 92780		AREA CODE/PHONE (949) 374-1854	
FULL MAILING ADDRESS (IF DIFFERENT) [Redacted]		CITY Tustin		STATE CA		ZIP CODE 92780	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) compliance@olsonremcho.com / (916) 442-1280		NAME OF ASSISTANT TREASURER, IF ANY Steve Cathey		CITY Tustin		STATE CA	
COUNTY OF DOMICILE Orange		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Costa Mesa		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) compliance@olsonremcho.com		AREA CODE/PHONE (949) 374-1854	
[Redacted]		[Redacted]		NAME OF PRINCIPAL OFFICER(S) Luke Anderson, Treasurer		CITY Tustin	
[Redacted]		[Redacted]		STREET ADDRESS (NO P.O. BOX) [Redacted]		STATE CA	
[Redacted]		[Redacted]		CITY Tustin		ZIP CODE 92780	
[Redacted]		[Redacted]		EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) compliance@olsonremcho.com		AREA CODE/PHONE (949) 374-1854	

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 05/21/2024 By [Redacted]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 05/21/2024 By [Redacted]
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 Firefighters Association Local 1465 Political Action Committee

I.D. NUMBER
1377067

2. Additional Officers (continued)

NAME	POSITION
Steve Cathey, Assistant Treasurer	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
[REDACTED]	Tustin CA 92780
E-MAIL ADDRESS	AREA CODE/PHONE
compliance@olsonremcho.com	(949) 374-1854

NAME	POSITION
Mark Martinez, Principal Officer	Principal Officer
STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE
[REDACTED]	Tustin CA 92780
E-MAIL ADDRESS	AREA CODE/PHONE
compliance@olsonremcho.com	(949) 374-1854

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Costa Mesa Firefighters Association Local 1465 Political Action Committee	I.D. NUMBER 1377067
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Wells Fargo Bank	AREA CODE/PHONE (916) 440-4205	BANK ACCOUNT NUMBER	
ADDRESS OF FINANCIAL INSTITUTION 400 Capitol Mall	CITY Sacramento	STATE CA	ZIP CODE 95814

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 CHECK ONE		(list political party below)
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

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
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Costa Mesa Firefighters Association Local 1465 Political Action Committee

I.D. NUMBER
1377067

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 and oppose candidates.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
Costa Mesa Firefighters Association		Public Safety and Labor Organization			

STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Tustin	CA	92780	(949) 374-1854

Small Contributor Committee

_____ / _____ / _____
Date qualified

5. Termination Requirements

By signing this verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent 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.