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CITY OF GARDEN GROVE
CITY CLERK'S OFFICE

garden grove

# Statement of Organization
# Recipient Committee

**Statement Type** ☒ Initial ☐ Amendment ☐ Termination – See Part 5

⊗ Not yet qualified
or
○ Date qualified as committee ___/___/___

___/___/___ Date qualified as committee ___/___/___ Date of termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State of the State of California
AUG 16 2018

CALIFORNIA FORM 410
For Official Use Only
AUG 31 2018
REGISTRAR OF VOTERS
By _____ Deputy

## 1. Committee Information

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

NAME OF COMMITTEE
Keep Garden Grove Safe, A Committee Supporting Measure O
2018

STREET ADDRESS (NO P.O. BOX)
12913 Harbor Blvd #Q3 #174

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Garden Grove | CA | 92840 | (714) 921-1181 |

MAILING ADDRESS (IF DIFFERENT)
c/o Lysa Ray 3843 S Bristol St #604 Santa Ana, CA 92704

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

| COUNTY OF DOMICILE | JURISDICTION WHERE COMMITTEE IS ACTIVE |
|---|---|
| Orange County | Garden Grove |

*Attach additional information on appropriately labeled continuation sheets.*

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lysa Ray

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

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Santa Ana | CA | 92704 | (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)
Dennis DeSnoo & DeSnoo

STREET ADDRESS (NO P.O. BOX)
9971 Briley Way

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|---|---|---|---|
| Villa Park | CA | 92711 | (714) 921-1181 |

## 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 8/14/2018 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

# Statement of Organization
# Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**



COMMITTEE NAME: Keep Garden Grove Safe, A Committee Supporting Measure O

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 |
|---|---|---|
| | | |

| 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 (CHECK ONE) | | |
|---|---|---|---|---|---|
| | | | 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 | |
|---|---|---|---|
| Public Safety Sales Tax : O | Garden Grove | SUPPORT X | OPPOSE |
| | | SUPPORT | OPPOSE |

# Statement of Organization
# Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM **410**



COMMITTEE NAME: Keep Garden Grove Safe, A Committee Supporting Measure O

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** ☐ **Political Party/Central 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 | 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.