# Statement of Organization
# Recipient Committee

**Statement Type**

| ☐ Initial | ☒ Amendment | ☐ Termination – See Part 5 |
|---|---|---|
| ○ Not yet qualified or ○ Date qualification threshold met ___/___/___ | Date qualification threshold met 06 / 26 / 2020 | Date of termination ___/___/___ |

Date Stamp: RECEIVED JUL 02 2020 TUSTIN CITY CLERK'S OFFICE

**CALIFORNIA FORM 410**

For Official Use Only

## 1. Committee Information

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

NAME OF COMMITTEE: Jha for Tustin City Council

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Tustin | STATE: CA | ZIP CODE: 92780 | AREA CODE/PHONE: [redacted]

FULL 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: Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Tustin

*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 STE 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)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

## 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 th[redacted]

Executed on 6/26/2020 (DATE) By [redacted]

Executed on 6/26/2020 (DATE) By [redacted]

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

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME: Jha for Tustin City Council

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 America | (714) 708-6919 | [redacted] |

| ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 3730 S Bristol St | Santa Ana | CA | 92701 |

## 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) |
|---|---|---|---|---|---|
| AJ Jha | City Council Member City of Tustin | 2020 | X | | |
| | | | 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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COMMITTEE NAME: Jha for Tustin City Council

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

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.