

CITY

Statement of Organization Recipient Committee

1455279

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Hermosa Beach

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Statement Type: [X] Initial, [] Amendment, [] Termination. Date qualification threshold met: 2/8/2022

1. Committee Information: NAME OF COMMITTEE: The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M. CITY: Los Angeles, STATE: CA, ZIP CODE: 90017. JURISDICTION WHERE COMMITTEE IS ACTIVE: City of Hermosa Beach.

2. Treasurer and Other Principal Officers: NAME OF TREASURER: Timothy Lewis. CITY: Long Beach, STATE: CA, ZIP CODE: 90803. NAME OF PRINCIPAL OFFICER(S): Elliot Lewis. CITY: Long Beach, STATE: CA, ZIP CODE: 90803.

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 10/4/2022 By [Redacted] TREASURER OR ASSISTANT TREASURER. Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M	I.D. NUMBER pending
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE (213)487-1800	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 550 Hope St., Ste. 100	CITY Los Angeles	STATE CA	ZIP CODE 90071

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	

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
Measure M	City of Hermosa Beach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

The Economic Development Reform Coalition of Southern California - Hermosa Beach - Yes on Measure M

I.D. NUMBER

pending

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

The Economic Development Reform Coalition of Southern California

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Social Welfare Organization

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Los Angeles

CA

90017

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements

By signing the 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.