

Statement of Organization
Recipient Committee

Statement Type

| | | |
|--|--|--|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination – See Part 5 |
| <input checked="" type="checkbox"/> Not yet qualified or <input type="checkbox"/> Date qualification threshold met | Date qualification threshold met 10 / 17 / 2022 | Date of termination 04 / 21 / 2023 |



CALIFORNIA FORM 410
For Official Use Only

| 1. Committee Information | | | | 2. Treasurer and Other Principal Officers | | | |
|---|---|-------------------|--|---|-------------|-------------------|--|
| I.D. Number (if applicable) 1444906 | | | | NAME OF TREASURER Briana Baleskie | | | |
| NAME OF COMMITTEE Hermosa Beach Culture Coalition | | | | STREET ADDRESS (NO P.O. BOX) Privacy Information | | | |
| STREET ADDRESS (NO P.O. BOX) Privacy Information | | | | CITY Imperial Beach | STATE CA | ZIP CODE 91932 | AREA CODE/PHONE Privacy Information |
| CITY Hermosa Beach | STATE CA | ZIP CODE 90254 | AREA CODE/PHONE Privacy Information | NAME OF ASSISTANT TREASURER, IF ANY | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) Privacy Information Imperial Beach, CA 91932 | | | | STREET ADDRESS (NO P.O. BOX) | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Privacy Information | | | | CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COUNTY OF DOMICILE Los Angeles | JURISDICTION WHERE COMMITTEE IS ACTIVE City of Hermosa Beach | | | NAME OF PRINCIPAL OFFICER(S) Joey Farrales | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | STREET ADDRESS (NO P.O. BOX) Privacy Information | | | |
| | | | | CITY Hermosa Beach | STATE CA | ZIP CODE 90254 | AREA CODE/PHONE Privacy Information |

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 information provided is true and correct.

Executed on 10/21/2022 By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

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| | |
|---|------------------------|
| COMMITTEE NAME Hermosa Beach Culture Coalition | I.D. NUMBER 1444906 |
|---|------------------------|

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

| | | |
|--|--|--|
| NAME OF FINANCIAL INSTITUTION Bank of San Francisco | AREA CODE/PHONE Privacy Information | BANK ACCOUNT NUMBER Privacy Information |
| ADDRESS Privacy Information | CITY San Francisco | STATE CA |
| | | ZIP CODE 94104 |

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) |
| | | | | | (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 |
| | | | |
| | | | |

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COMMITTEE NAME

I.D. NUMBER

1444906

Hermosa Beach Culture Coalition

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

Our mission is to support candidates and issues that are integral to preserving the traditional lively and diverse culture of our community.

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, orponent 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.