



Statement of Organization Recipient Committee

Statement Type

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

Date Stamp

CALIFORNIA 410 FORM

RECEIVED AND FILED in the office of the Secretary of State of California

MAY 10 2023

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2023 MAY 18 PM 3:02

CAMPAIGN FINANCE DISCLOSURE SECTION

COPY

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 foregoing is true and correct.

Executed on 10/21/2022 By Privacy Information
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on _____ By _____
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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER 1444906

COMMITTEE NAME Hermosa Beach Culture Coalition			
<ul style="list-style-type: none"> 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 345 California Street, Ste 1600	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	

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

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

1444906

COMMITTEE NAME

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, 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.