		11111000	× 1		San	Clement
Statement of Recipient Cor	N. III. Programme and the control of	144898	RI In t	ECEIVED AND FILED ne office of the Secretary of State	CALIFO FOR	
Statement Type	☑ Initial	☐ Amendment	☐ Termination – See Part 5	of the State of California	Fc	or Official Use Only
	Not yet qualified			JUN 09 2022 😃	JUN 2	7 2072
	or O Date qualification thresh	nold met Date qualification threshold met	Date of termination			
				RE(BISTRAR	OF VOTERS
		/	Average and the property of th	Ву	- Walker routing an artist	Deputy
1. Committee li		Number oplicable)	2. Treasurer and	Other Principal Officers		
NAME OF COMMITTEE			NAME OF TREASURER	HARDER AND DESIGNATION OF THE STATE OF THE S	Manager Street Design	PLANT SECRETARIST TO THE RESIDENCE
Cosgrove for Cit	ty Council 2022		· Cameron Cosgrove			
			STREET ADDRESS (NO P.O. BOX)			
CTORET LABOUR INC. A.C.	BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	4		San Clemente	CA	92673	
CITY	STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER,	IF ANY		
San Clemente	CA	92673	Jen Slater			
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)	= 0 000		
			9070 Irvine Center		ZIP CODE	AREA CODE/PHONE
E-MAIL ADDRESS (REQUI			_	CA	92618	
info@campaign-co		WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(5)	CA	92010	
	San Cl					
Orange	Bail CI	enerice	STREET ADDRESS (NO P.O. BOX)			
		tale labeled continuation charts	CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach additional	information on appropria	tely labeled continuation sheets.				
3. Verification	eggeste sophischer et dale store	Comments in the Secretary of the Assessment of the Comment		STANDARD PROPERTY.		
I have used all re	easonable diligence in pre	paring this statement and to the best of	of my knowledge the informat	ion contained herein is true ar	nd complete	. I certify under
penalty of perju	ry under the laws of the S	tate of California that the foregoing is	true and correct.			
Executed on V	6/2/22 BY	V				
\rightarrow	DATE		ASURER OR ASSISTANT TREASUR	ER		
Executed on 4	6/2/22 By	<u> </u>	LLING OFFICEHOLDER, CANDIDATE, OR STATE M	TEASURE PROPONENT		
	, DAIL	SIGNAL DRE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE W	EXPORE HOLDING		
Executed on	DATE BY	SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STATE M	EASURE PROPONENT		
Executed on	By					
	DATE	SIGNATURE OF CONTROL	LLING OFFICEHOLDER, CANDIDATE, OR STATE N	MEASURE PROPONENT	FPPC	Form 410 (August/2018)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

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I.D. NUMBER

COM	M	П	EE	NA	ME

Cosgrove for City Council 2022

 All c 	ommittees mus	t list the financia	l institution	where t	he campaign	bank accou	ınt is	located.
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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	PA I CHECK	RTY CONE	
Cameron Cosgrove	City Council Member San Clemente	2022	Nonpartisan X	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	CONE
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization **Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA

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I.D. NUMBER

Cosgrove for City Council	2022
4 Type of Committee	VC 22 20

Cosgrove for City Council 2	022					
4. Type of Committee	(Continued)					engan naman ang ang ang ang ang ang ang
General Purpose Committee	Not formed to support or opport or o	pose specific c	andidates or measures in a sin	gle election. Chec	k only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY						
Sponsored Committee List	additional sponsors on an attac	hment.				
NAME OF SPONSOR			INDUSTRY GROUP OR AFFILIATION OF SPONS	OR		
STREET ADDRESS NO. AND STR	EET	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.