

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

Date Stamp

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Secretary of State
APR 25 2024**

CALIFORNIA
FORM

410

For Official Use Only

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1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Locals Organized for Community Advocacy and Leadership
(LOCAL PAC)

STREET ADDRESS (NO P.O. BOX)

CITY

Imperial Beach

STATE

CA

ZIP CODE

91932

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

briana@bbccampaigns.com

COUNTY OF DOMICILE

Mono County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Mammoth

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Briana Bilbray

STREET ADDRESS (NO P.O. BOX)

CITY

Imperial Beach

STATE

CA

ZIP CODE

91932

EMAIL ADDRESS OF TREASURER (REQUIRED)

Briana@bbccampaigns.com

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Scott Ashton

STREET ADDRESS (NO P.O. BOX)

CITY

Mammoth Lakes

STATE

CA

ZIP CODE

93546

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

briana@bbccampaigns.com

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 that the foregoing is true and correct.

Executed on 25/04/24

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

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

www.fppc.ca.gov

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Locals Organized for Community Advocacy and Leadership (LOCAL PAC)

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

Bank of San Francisco

AREA CODE/PHONE

415-816-8190

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

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

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
			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

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Oceanside ChambLocals Organized for Community Advocacy and Leadership (LOCAL PAC)

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

To support pro business candidates and initiatives

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.

FORM410_LocalsOrganizewdforCommunityAdvocacy

Final Audit Report

2024-04-25

Created:	2024-04-25
By:	Briana Bilbray (briana@bbcampaigns.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA-yMvVNizOBcs1DurXur3lUtnkAA_RhM

"FORM410_LocalsOrganizewdforCommunityAdvocacy" History

 Document created by Briana Bilbray (briana@bbcampaigns.com)

2024-04-25 - 4:17:41 PM GMT- IP address: 68.6.159.70

 Document emailed to Briana Bilbray (briana@bbcampaigns.com) for signature

2024-04-25 - 4:17:47 PM GMT

 Email viewed by Briana Bilbray (briana@bbcampaigns.com)

2024-04-25 - 5:00:13 PM GMT- IP address: 66.249.84.68

 Document e-signed by Briana Bilbray (briana@bbcampaigns.com)

Signature Date: 2024-04-25 - 5:00:45 PM GMT - Time Source: server- IP address: 68.6.159.70

 Agreement completed.

2024-04-25 - 5:00:45 PM GMT