

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

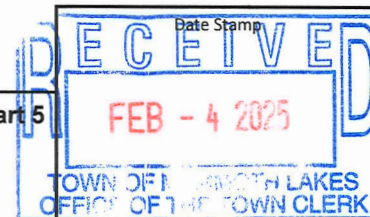
☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

12 / 31 / 2024



**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information		I.D. Number 1468926 (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Locals Organized for Community Advocacy and Leadership (LOCAL PAC)				NAME OF TREASURER Briana Bilbray			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Imperial Beach		STATE CA	ZIP CODE 91932
CITY Imperial Beach				STATE CA		ZIP CODE 91932	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT)				EMAIL ADDRESS OF TREASURER (REQUIRED) Briana@bbccampaigns.com			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) briana@bbccampaigns.com				NAME OF ASSISTANT TREASURER, IF ANY			
COUNTY OF DOMICILE Mono County				JURISDICTION WHERE COMMITTEE IS ACTIVE City of Mammoth			
Attach additional information on appropriately labeled continuation sheets.				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY Mammoth Lakes		STATE CA	ZIP CODE 93546
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) briana@bbccampaigns.com			
				NAME OF PRINCIPAL OFFICER(S) Jason Herbst			
				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
				CITY Mammoth Lakes		STATE CA	ZIP CODE 93546
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) briana@bbccampaigns.com			

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 1/23/25 By [REDACTED]
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 _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Locals Organized for Community Advocacy and Leadership (LOCAL PAC)

I.D. NUMBER

1468926

- 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

			Nonpartisan	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 ONE

	SUPPORT	OPPOSE
	SUPPORT	OPPOSE

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I.D. NUMBER
1468926

COMMITTEE NAME

Locals 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

List additional sponsors on an attachment.

Sponsored Committee

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.