

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or
 Date qualified as committee

Amendment

Termination - See Part 5

Date qualified as committee _____ / _____ / _____
Date of termination _____ / _____ / _____

Date Stamp

RECEIVED

2010 SEP 26 A 11:44

OFFICE OF CITY CLERK

**CALIFORNIA 410
FORM**
For Official Use Only

2. Treasurer and Other Principal Officers

<p>1. Committee Information</p> <p>NAME OF COMMITTEE _____</p> <p>NO ON L, A PROJECT OF THE ANAHEIM CHAMBER OF COMMERCE</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>2099 S. STATE COLLEGE BOULEVARD, SUITE 650</p> <p>CITY ANAHEIM STATE CA ZIP CODE 92806 AREA CODE/PHONE (415) 732-7700</p> <p>MAILING ADDRESS (IF DIFFERENT) _____</p> <p>150 POST STREET, SUITE 405 SAN FRANCISCO, CA 94108</p> <p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) _____</p> <p>CAMPAGN@CAMPAINLAWYERS.COM</p> <p>COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE ANAHEIM</p> <p>ORANGE</p>	<p>I.D. Number (if applicable) _____</p> <p>PENDING</p>
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<p>NAME OF TREASURER _____</p> <p>BRADLEY HERTZ</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>22815 VENTURA BOULEVARD, #405</p> <p>CITY LOS ANGELES STATE CA ZIP CODE 91364 AREA CODE/PHONE (415) 732-7700</p> <p>NAME OF ASSISTANT TREASURER, IF ANY _____</p> <p>SAMUEL HARVEY</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>150 POST STREET, SUITE 405</p> <p>CITY SAN FRANCISCO STATE CA ZIP CODE 94108 AREA CODE/PHONE (415) 732-7700</p> <p>NAME OF PRINCIPAL OFFICER(S) _____</p> <p>TODD AMIENT</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>2099 S. STATE COLLEGE BOULEVARD, SUITE 650</p> <p>CITY ANAHEIM STATE CA ZIP CODE 92806 AREA CODE/PHONE (415) 732-7700</p>	<p>NAME OF TREASURER _____</p> <p>BRADLEY HERTZ</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>22815 VENTURA BOULEVARD, #405</p> <p>CITY LOS ANGELES STATE CA ZIP CODE 91364 AREA CODE/PHONE (415) 732-7700</p> <p>NAME OF ASSISTANT TREASURER, IF ANY _____</p> <p>SAMUEL HARVEY</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>150 POST STREET, SUITE 405</p> <p>CITY SAN FRANCISCO STATE CA ZIP CODE 94108 AREA CODE/PHONE (415) 732-7700</p> <p>NAME OF PRINCIPAL OFFICER(S) _____</p> <p>TODD AMIENT</p> <p>STREET ADDRESS (NO P.O. BOX) _____</p> <p>2099 S. STATE COLLEGE BOULEVARD, SUITE 650</p> <p>CITY ANAHEIM STATE CA ZIP CODE 92806 AREA CODE/PHONE (415) 732-7700</p>
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Attach additional information on appropriately labeled continuation sheets.

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	9/25/18	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER.
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

PENDING

COMMITTEE NAME

NO ON L, A PROJECT OF THE ANAHEIM CHAMBER OF COMMERCE

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

NAME OF FINANCIAL INSTITUTION

WELLS FARGO BANK, N.A.

AREA CODE/PHONE

(415) 396-7152

BANK ACCOUNT NUMBER

PENDING

ADDRESS

1 MONTGOMERY STREET

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	CHECK ONE		PARTY
			Nonpartisan	Partisan (list political party below)	
			Nonpartisan	Partisan	Partisan (list political party below)
			Nonpartisan	Partisan	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)

MEASURE L - INITIATIVE ORDINANCE TO INCREASE MINIMUM WAGE PAYABLE
BY CERTAIN HOSPITALITY INDUSTRY EMPLOYERS

CITY OF ANAHEIM

CHECK ONE

SUPPORT	OPPOSE
	X

SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410
FORM

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I.D. NUMBER

PENDING

COMMITTEE NAME

NO ON L, A PROJECT OF THE ANAHEIM CHAMBER OF COMMERCE

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
- Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

ANAHEIM CHAMBER OF COMMERCE

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

BUSINESS ADVOCACY

STREET ADDRESS

NO. AND STREET

2099 S. STATE COLLEGE BOULEVARD, SUITE 650

CITY

ANAHEIM

STATE

CA

ZIP CODE

92806

AREA CODE/PHONE

7147580222

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.