

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

| | |
|---|---|
| Date Stamp RECEIVED CITY CLERK 14 FEB 10 PM 3:23 CITY OF COSTA MESA | QuarVER PAGE 60 2 Only 8 |
|---|---|

SEE INSTRUCTIONS ON REVERSE

| | |
|--|--|
| Statement covers period from <u>July 1 2013</u> through <u>Dec. 31, 2013</u> | Date of election if applicable: (Month, Day, Year) <u>na</u> |
|--|--|

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input checked="" type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input checked="" type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement: BY

- | | |
|---|--------------------------|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> |
| <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> Amendment (Explain below) | |

IP C
262

3. Committee Information

I.D. NUMBER
1332564

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Costa Mesa First

STREET ADDRESS (NO P.O. BOX)

1586 Myrtlewood

| | | | |
|-------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Costa Mesa</u> | <u>CA</u> | <u>92626</u> | <u>714 754 0814</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Sandra L. Genis

MAILING ADDRESS

1586 Myrtlewood

| | | |
|-------------------|-----------|-----------------|
| CITY | STATE | Area Code/PHONE |
| <u>Costa Mesa</u> | <u>CA</u> | <u>9 0814</u> |

NAME OF ASSISTANT TREASURER, IF ANY

Greg Ridge

MAILING ADDRESS

2124 Union

| | | |
|-------------------|-----------|-----------------|
| CITY | STATE | Area Code/PHONE |
| <u>Costa Mesa</u> | <u>Ca</u> | <u>9 3249</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/8/14
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

scd I certify

Spx

FPPC Toll

(January/05)
-Fr 56/275-3772)
of California

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa First

Statement covers period
from July 1 2013
through Dec. 31, 2013

CALIFORNIA
FORM **460**

Page 2 of 3

I.D. NUMBER
1332564

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 0 | \$ 0 |
| 2. Loans Received | Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 0 | \$ 0 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditures Made

| | | | |
|--|----------------------|----------|--------|
| 6. Payments Made | Schedule E, Line 4 | \$ 72.00 | \$ 194 |
| 7. Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 0 | \$ 0 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 0 | \$ 0 |

Expenditure Limit Summary for State Candidates

| | |
|---|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | | |
|---|---|-----------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ 814.25 |
| 13. Cash Receipts | Column A, Line 3 above | 0 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0 |
| 15. Cash Payments | Column A, Line 8 above | 72.00 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 742.25 |

If this is a termination statement, Line 16 must be zero.

| | | |
|------------------------------------|--------------------|------|
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$ 0 |
|------------------------------------|--------------------|------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 0 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|--|--|---|
| Statement covers period from <u>July 1 2013</u> through <u>Dec. 31, 2013</u> | | CALIFORNIA FORM 460 Page <u> </u> of <u>3</u> I.D. NUMBER 1332564 |
| | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Costa Mesa First

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|---|-------------------|
| Union Bank, Box 512380, Los Angeles, 90051-0380 | ofc | BA nk fees to maintain checking account | 72,00 |
| Secretary of STate | ofc | Annual fee to state, paid January 2013 | 0 |
| | | | |
| | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | SUBTOTAL \$ 72,00 |

Schedule E Summary

| | |
|--|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 72,00 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 72,00 |