

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1366319

#

03 18 2014

Date qualified as committee

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

Date of Termination

Date Stamp

CALIFORNIA FORM 410

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

AUG 01 2014

DEBRA BOWEN
Secretary of State

For Official Use Only

FILED

AUG 08 2014

REGISTRAR OF VOTERS
Deputy

Costa mesa

1. Committee Information

NAME OF COMMITTEE

Committee For Safe Neighborhoods of Costa Mesa

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd., Suite D

CITY

Fullerton

STATE

CA

ZIP CODE

92832

AREA CODE/PHONE

714-699-4384

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Sergio Hidalgo

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd., Suite D

CITY

Fullerton

STATE

CA

ZIP CODE

92832

AREA CODE/PHONE

714-699-4384

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Sergio Hidalgo

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd., Suite D

CITY

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STATE

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3. Verification

I have used all reasonable diligence in preparing this statement and certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under

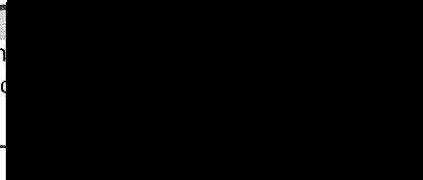
knowledge the information contained herein is true and complete. I certify under and correct.

Executed on

7/28/14

DATE

By



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

RECEIVED
CITY CLERK

14 SEP 11 PM 4:38

CITY OF COSTA MESA

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER 1366319

COMMITTEE NAME
Committee For Safe Neighborhoods of Costa Mesa

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

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."
- 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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Allow Operation of Up to Eight Medical Marijuana (Cannabis) Buisnesses in City of Costa Mesa	Costa Mesa- Orange County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>