

**Statement of Organization
Recipient Committee**

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1366319

Termination – See Part 5
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

Date Stamp

**RECEIVED
CITY CLERK**

14 JUL 14 AM 11:32

CITY OF COSTA MESA
BY

CALIFORNIA FORM 410

For Official Use Only

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 7146994384
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MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Orange	JURISDICTION WHERE COMMITTEE IS ACTIVE Orange
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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
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NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY _____	STATE _____	ZIP CODE _____	AREA CODE/PHONE _____
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NAME OF PRINCIPAL OFFICER(S)
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
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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 penalty of perjury under the laws of the State of California that the foregoing information contained herein is true and complete. I certify under

Executed on 7/8/2014 By _____
DATE DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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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 PROPONENT	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	
Allow Operation of up to Eight Medical Marijuana (Cannabis) Businesses in City of Costa Mesa	Costa Mesa - Orange County	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>