

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: # _____
 _____/_____/_____ Date qualified as committee _____/_____/_____ Date qualified as committee (If applicable) _____/_____/_____ Date of Termination

RECEIVED
 CITY CLERK
 14 APR 16 AM 9:42
 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)
407 N. Broadway
 CITY STATE ZIP CODE AREA CODE/PHONE
Santa Ana CA 92701 (714)699-4384
 MAILING ADDRESS (IF DIFFERENT)

 FAX / E-MAIL ADDRESS
shidalgo1004@gmail.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange Orange County

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Sergio Alejandro Hidalgo
 STREET ADDRESS (NO P.O. BOX)
201 E. Chapman Ave., #61C
 CITY STATE ZIP CODE AREA CODE/PHONE
Placentia CA 92870 (562)644-2040
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

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

Executed on 04/08/2014 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

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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee For Safe Neighborhoods of Costa Mesa

Page 2

I.D. NUMBER

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

| | | |
|---|----------------------------------|-----------------------------------|
| NAME OF FINANCIAL INSTITUTION Wells Fargo Bank | AREA CODE/PHONE (714)541-7080 | BANK ACCOUNT NUMBER [REDACTED] |
| ADDRESS 101 West 4th Street | CITY Santa Ana | STATE ZIP CODE CA 92701 |

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 | |
|--|--|-------------------------------------|--------------------------|
| | | SUPPORT | OPPOSE |
| The Act to Regulate and Restrict the Operation of Medical Marijuana Businesses | Costa Mesa; Orange County | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee For Safe Neighborhoods of Costa Mesa

Page 3

I.D. NUMBER

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

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer, and/or candidate, office holder, 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.