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Statement of Organization Recipient Committee

Statement Type **Initial** **Amendment** **Termination – See Part 5**

Not yet qualified or

List I.D. number: # _____ List I.D. number: # _____

Date qualified as committee: ____/____/____ Date qualified as committee (if applicable): ____/____/____ Date of Termination: ____/____/____

Date Stamp

FILED
 In the office of the Secretary of State of the State of California
 APR 11 2014

CALIFORNIA FORM 410
 For Official Use Only
FILED
 APR 18 2014
 REGISTRAR OF VOTERS

1. Committee Information

NAME OF COMMITTEE
Jay Humphrey for City Council 2014

STREET ADDRESS (NO P.O. BOX)
1620 Sandalwood St.

CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92626 (714)751-6552

MAILING ADDRESS (IF DIFFERENT)
PO Box 1325 Costa Mesa, CA 92628

FAX / E-MAIL ADDRESS
jvhumphrey@att.net

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Andrea Powers

STREET ADDRESS (NO P.O. BOX)
3354 Nevada St.

CITY STATE ZIP CODE AREA CODE/PHONE
Costa Mesa CA 92626 (949)433-3962

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 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 4/7/14 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/7/2014 By [Signature]
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

RECEIVED
 CITY CLERK
 11 AM - 5 PM 2:11
 BY
 CITY OF COSTA MESA

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Jay Humphrey for City Council 2014

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Will Provide via amendment once account is open	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
Jay Humphrey	Costa Mesa City Council Member	2014	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>