

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

06/19/2012
_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

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

Termination - See Part 5

List I.D. number:

1348236

05/12/2015
_____/_____/_____
Date of Termination

Date Stamp

CALIFORNIA FORM 410

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

JUN 03 2015

JUN 05 2015

REGISTRAR OF VOTERS

By _____ Deputy

1. Committee Information

NAME OF COMMITTEE
WEITZBERG FOR COSTA MESA CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
213-489-4818

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange County	City of Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David L. Gould

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd., Suite 1050B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

NAME OF ASSISTANT TREASURER, IF ANY

Michelle Moore Sanders

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd., Suite 1050B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

NAME OF PRINCIPAL OFFICER(S)

Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd., Suite 1050B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence and the information contained herein is true and complete. I certify under penalty of perjury under the law

Executed on 5/28/15

Executed on 5/22/15

Executed on _____

Executed on _____



By

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

RECEIVED
CITY CLERK
15 JUN 17 PM 1:50
CITY OF COSTA MESA

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

2 of 3

COMMITTEE NAME
WEITZBERG FOR COSTA MESA CITY COUNCIL 2014

I.D. NUMBER
1348236

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

NAME OF FINANCIAL INSTITUTION California Bank and Trust	AREA CODE/PHONE 213-228-1700	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 550 S. Hope Street, Suite 100	CITY Los Angeles	STATE ZIP CODE CA 90071

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
HAROLD WEITZBERG	City of 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"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
3 of 3
I.D. NUMBER 1348236

COMMITTEE NAME

WEITZBERG FOR COSTA MESA CITY COUNCIL 2014

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, officeholder, 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.