

Recipient Committee
Campaign Statement
Cover Page

Government Code Sections 84200-84216.5)

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COVER PAGE

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CITY OF COSTA MESA
BY

CALIFORNIA
2001/02
FORM
460

Page 1 of 2
 For Official Use Only

Statement covers period
 from 01-01-2015
 through 06-30-2015

Date of election if applicable:
 (Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1366319

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee For Safe Neighborhoods of Costa Mesa

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd., Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fullerton	CA	92870	714-699-4384

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Sergio Hidalgo

MAILING ADDRESS

111 N. Harbor Blvd., Suite D

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Fullerton	CA	92870	714-699-4384

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 07-02-2015
Date

By _____
Treasurer

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Allow Operation of Up To Eight Marijuana (Cannabis) Business in City of *Costa Mesa*

BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
	Orange County	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01-01-2015</u>	CALIFORNIA FORM 460
through <u>06-30-2015</u>	
Page <u>3</u> of <u>4</u>	I.D. NUMBER <u>1366319</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee For Safe Neighborhoods of Costa Mesa

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
Loans Received <i>Schedule B, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
Nonmonetary Contributions <i>Schedule C, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>0.00</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made <i>Schedule E, Line 4</i>	\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
Loans Made <i>Schedule H, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
Nonmonetary Adjustment <i>Schedule C, Line 3</i>	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>1,500.00</u>	\$ <u>1,500.00</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

2. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>27,431.03</u>
3. Cash Receipts <i>Column A, Line 3 above</i>	\$ <u>0.00</u>
4. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	\$ <u>0.00</u>
5. Cash Payments <i>Column A, Line 8 above</i>	\$ <u>1,500</u>
6. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>25,931.03</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

7. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

8. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0.00</u>
9. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0.00</u>

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01-01-2015	
through	06-30-2015	Page <u>4</u> of <u>4</u>
		I.D. NUMBER <u>1366319</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee For safe neighborhoods of Costa Mesa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| VP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| NS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| TB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| VC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| L candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| ND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| D independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| EG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| T campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sergio Hidalgo Law Office of Randall Longwith 111 N. Harbor Blvd, Suite D, Fullerton, CA 92832	PRO	Administration of Committee, Committee paperwork, accounting	\$1,500.00

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,500.00

Schedule E Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	1,500.00
Unitemized payments made this period of under \$100	\$	
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	1,500.00