

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or -

Amendment

List I.D. number:

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**
16 APR 15 AM 9:59
CITY OF COSTA MESA
BY: [REDACTED]

**CALIFORNIA
FORM 410**
For Official Use Only

1. Committee Information

NAME OF COMMITTEE

John Stephens for Costa Mesa City Council 2016

STREET ADDRESS (NO P.O. BOX)

2004 N. Capella Ct.

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

AREA CODE/PHONE

(714)337-1872

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(949)468-3201 Stephens4CostaMesa@att.net

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Ron Frankiewicz

STREET ADDRESS (NO P.O. BOX)

400 N. Tustin Ave. Suite 460

CITY

Santa Ana

STATE

CA

ZIP CODE

92705

AREA CODE/PHONE

(949)233-3656

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

John Stephens

STREET ADDRESS (NO P.O. BOX)

2004 N. Capella Ct CA 92626 (714) 337 1872

CITY

Costa Mesa

STATE

CA

ZIP CODE

92626

AREA CODE/PHONE

(714) 337 1872

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.

Executed on 02/23/2016

DATE

By [REDACTED]

Executed on 02/23/2106

DATE

By [REDACTED]

Executed on _____

DATE

By _____

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

John Stephens for Costa Mesa City Council 2016

Page 2

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION

Union Bank

AREA CODE/PHONE

(800)238-4486

BANK ACCOUNT NUMBER

ADDRESS

400 California Street

CITY

San Francisco

STATE

CA

ZIP CODE

94104

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 PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
John Stephens	Costa Mesa City Council	2016	<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"/>