

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

Termination – See Part 5

List I.D. number:

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

_____/_____/_____
Date of Termination

RECEIVED
CITY CLERK

Date Stamp

16 SEP 16 AM 10:20

CITY OF COSTA MESA
BY Melody Handin

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee for Yes on Measure X

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd, Ste. D

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton CA 92832 (714)699-4384

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

longwithgroup@gmail.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Costa Mesa

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Randall T. Longwith

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd, Ste. D

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton CA 92832 (714)699-4384

NAME OF ASSISTANT TREASURER, IF ANY

Chris Egger

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd, Ste. D

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton CA 92832 (714)699-4384

NAME OF PRINCIPAL OFFICER(S)

Randall T. Longwith

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd., Ste. D

CITY STATE ZIP CODE AREA CODE/PHONE

Fullerton CA 92832 (714)699-4384

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 09/12/2016
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/12/2016
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER

COMMITTEE NAME
Committee for Yes on Measure X

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

NAME OF FINANCIAL INSTITUTION	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
			<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
Measure X - City of Costa Mesa Medical Marijuana	City of of Costa Mesa	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meausre		<input type="checkbox"/>	<input type="checkbox"/>