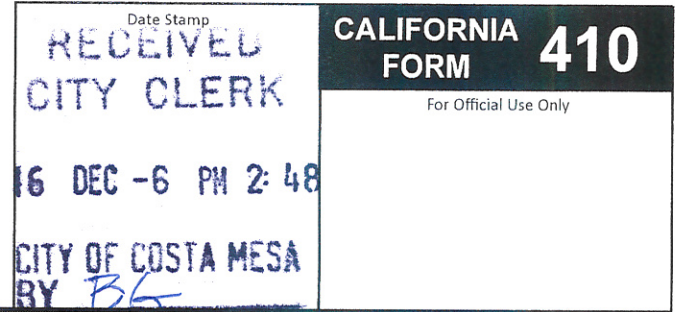


**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: List I.D. number:
 _____/_____/_____ # _____ # 1390434
 Date qualified as committee Date qualified as committee 12/06/2016
 (If applicable) Date of Termination



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 JURISDICTION WHERE COMMITTEE IS ACTIVE
 Orange City of Costa Mesa

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

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 12/06/2016 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/06/2016 By _____
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

Committee for Yes on Measure X

I.D. NUMBER

1390434

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

NAME OF FINANCIAL INSTITUTION East West Bank	AREA CODE/PHONE (888)895-5650	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 651 N. Euclid St.	CITY Anaheim	STATE CA
		ZIP CODE 92801

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"/>