

# Statement of Organization Recipient Committee

Costa Mesa MLT

1390927

Statement Type

Initial

Amendment

Termination - See Part 5

Not yet qualified  or

List I.D. number:

List I.D. number:

# \_\_\_\_\_

# \_\_\_\_\_

09 / 21 / 2016

Date qualified as committee

Date qualified as committee  
(If applicable)

Date of Termination

Date Stamp

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

SEP 22 2016 OCT 10 2016

REGISTRAR OF VOTERS  
By \_\_\_\_\_ Deputy

**CALIFORNIA FORM 410**  
For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Yes on Measure W Committee

STREET ADDRESS (NO P.O. BOX)

2973 Harbor Blvd, Suite 151

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92626	(714) 676-8878

MAILING ADDRESS (IF DIFFERENT)

PO Box 11736 Costa Mesa, CA 92627

FAX / E-MAIL ADDRESS

info@yesforcostamesa.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jen Slater

STREET ADDRESS (NO P.O. BOX)

9070 Irvine Center Drive, #150

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Irvine	CA	92618	(949) 858-7448

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Jayson Quinones

STREET ADDRESS (NO P.O. BOX)

2973 Harbor Blvd, Suite 151

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92626	(949) 870-7203

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 9/21/2016  
DATE

By \_\_\_\_\_  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED  
CITY CLERK  
CITY OF COSTA MESA  
DEC 12 AM 9:23

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA FORM 410**

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COMMITTEE NAME

Yes on Measure W Committee

I.D. NUMBER

Pending

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (949) 754-1123	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 67 Technology Drive	CITY Irvine	STATE CA	ZIP CODE 92618

## 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	
Safe Access: 4 Licensed Medical Marijuana Businesses : W	Costa Mesa	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yes on Measure W Committee

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I.D. NUMBER

Pending

## 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.