

**Statement of Organization
Recipient Committee**

Statement Type ☒ Initial ☐ Amendment ☐ Termination – See Part 5

☒ Not yet qualified
or

☐ Date qualified as committee

____/____/____
Date qualified as committee

____/____/____
Date of termination

RECEIVED CITY CLERK		CALIFORNIA FORM 410
18 AUG 20 PM 12:50		For Official Use Only
CITY OF COSTA MESA BY [REDACTED]		

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Committee to Elect Steve Chan

STREET ADDRESS (NO P.O. BOX)

720 Center Street

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Costa Mesa

CA

92627

(657) 345-4268

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Steve Chan

STREET ADDRESS (NO P.O. BOX)

720 Center Street

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Costa Mesa

CA

92627

657.345.4268

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

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