

Costa mesa

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or

List I.D. number: # 1348236

Date qualified as committee: 06/19/2012

List I.D. number: # _____

Date of Termination: _____

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
 APR 02 2014
DEBRA BOWEN
 Secretary of State
CALIFORNIA FORM 410
 For Official Use Only
 APR 04 2014
REGISTRAR OF VOTERS
 Deputy

1. Committee Information

NAME OF COMMITTEE
WEITZBERG FOR COSTA MESA CITY COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd. Ste. 1050-B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
213-489-4818

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange County	

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David L. Gould

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd., Suite 1050B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

NAME OF ASSISTANT TREASURER, IF ANY
Michelle Moore Sanders

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd., Suite 1050B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

NAME OF PRINCIPAL OFFICER(S)
Ingrid Orellana

STREET ADDRESS (NO P.O. BOX)
3700 Wilshire Blvd., Suite 1050B

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles, CA		90010	213-489-4792

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 3/25/2014 By [Redacted Signature]

Executed on 3/27/14 By [Redacted Signature]

Executed on _____ By _____

Executed on _____ By _____

Executed on _____ By _____

RECEIVED
CITY CLERK
MAY -8 PM 2:11
BY CITY OF COSTA MESA

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

Page 2 of 3

I.D. NUMBER
1348236

COMMITTEE NAME
WEITZBERG FOR COSTA MESA CITY COUNCIL 2014

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

NAME OF FINANCIAL INSTITUTION California Bank and Trust	AREA CODE/PHONE 213-228-1700	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 550 S. Hope Street, Suite 100	CITY Los Angeles	STATE ZIP CODE CA 90071

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
HAROLD WEITZBERG	City of Costa Mesa City Council Member	2014	<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"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410	
Page 3 of 3	I.D. NUMBER
	1348236

COMMITTEE NAME

WEITZBERG FOR COSTA MESA CITY COUNCIL 2014

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.