

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or List I.D. number: 1366319
 # _____
 03 / 18 / 2014 # _____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California
 AUG 01 2014
 DEBRA BOWEN
 Secretary of State

CALIFORNIA FORM 410
 For Official Use Only
FILED
 AUG 08 2014
 REGISTRAR OF VOTERS
 Deputy

Costa mesa

1. Committee Information

NAME OF COMMITTEE
 Committee For Safe Neighborhoods of Costa Mesa
 STREET ADDRESS (NO P.O. BOX)
 111 N. Harbor Blvd., Suite D
 CITY STATE ZIP CODE AREA CODE/PHONE
 Fullerton CA 92832 714-699-4384
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Orange Orange

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Sergio Hidalgo
 STREET ADDRESS (NO P.O. BOX)
 111 N. Harbor Blvd., Suite D
 CITY STATE ZIP CODE AREA CODE/PHONE
 Fullerton CA 92832 714-699-4384
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 Sergio Hidalgo
 STREET ADDRESS (NO P.O. BOX)
 111 N. Harbor Blvd., Suite 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 information is true and correct.

Executed on 7/28/14 By _____
 DATE DATE
 Executed on _____ By _____
 DATE DATE
 Executed on _____ By _____
 DATE DATE
 Executed on _____ By _____
 DATE DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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 CITY CLERK
 14 SEP 11 PM 4:38
 CITY OF COSTA MESA

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Committee For Safe Neighborhoods of Costa Mesa

- 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
Allow Operation of Up to Eight Medical Marijuana (Cannabis) Buisnesses in City of Costa Mesa	Costa Mesa- Orange County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>