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1366319

City

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or List I.D. number: # _____

_____ / _____ / _____ Date qualified as committee

_____ / _____ / _____ Date qualified as committee (If applicable)

_____ / _____ / _____ Date of Termination

Date Stamp

FILED **FILED**

In the office of the Secretary of State of the State of California

APR 24 2014 MAY 02 2014

CALIFORNIA FORM 410

For Official Use Only

REGISTRAR OF VOTERS Deputy

1. Committee Information

NAME OF COMMITTEE
Committee For Safe Neighborhoods of Costa Mesa

STREET ADDRESS (NO P.O. BOX)
407 N. Broadway

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92701	(714)699-4384

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
shidalgo1004@gmail.com

COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange	Orange County

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Sergio Alejandro Hidalgo

STREET ADDRESS (NO P.O. BOX)
201 E. Chapman Ave., #61C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Placentia	CA	92870	(562)644-2040

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 Alejandro Hidalgo

STREET ADDRESS (NO P.O. BOX)
201 E. Chapman Ave., #61

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Placentia	CA	92870	(562)644-2040

Attach additional information on appropriately labeled continuation sheets.

3. Verification

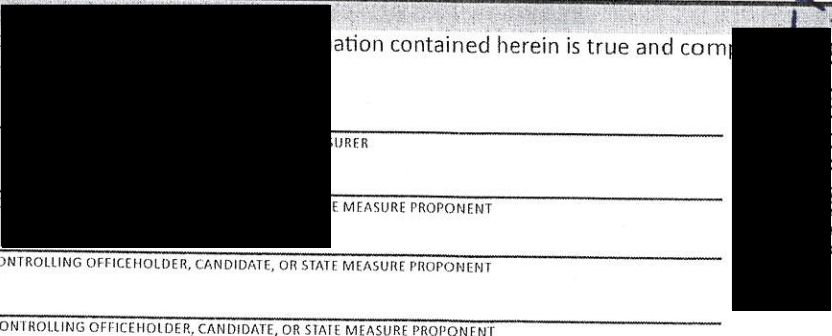
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete.

Executed on 04/08/2014 By _____

Executed on 4/8/14 By _____

Executed on _____ By _____

Executed on _____ By _____



RECEIVED
CITY CLERK
MAY 13 AM 9:51

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Committee For Safe Neighborhoods of Costa Mesa

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I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Wells Fargo Bank	AREA CODE/PHONE (714)541-7080	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 101 West 4th Street	CITY Santa Ana	STATE ZIP CODE CA 92701

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	
The Act to Regulate and Restrict the Operation of Medical Marijuana Businesses	Costa Mesa; Orange County	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

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I.D. NUMBER

COMMITTEE NAME
Committee For Safe Neighborhoods of Costa Mesa

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.