

**Statement of Organization  
Recipient Committee**

Type or print in ink

RECEIVED  
CITY CLERK  
Date Stamp  
15 JAN 30 PM 2:59  
CITY OF COSTA MESA  
BY [REDACTED]

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

For Official Use Only

Statement Type  Initial  
Not yet qualified  or

\_\_\_\_\_  
Date qualified as committee

Amendment  
List I.D. number:  
# 1348966

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_  
\_\_\_\_\_  
Date of Termination

**1. Committee Information**

NAME OF COMMITTEE  
Sandy Genis for Costa Mesa City Council 2016

STREET ADDRESS (NO PO. BOX)  
173 E Wilson Street #C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92627	949-351-5948

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Orange	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
------------------------------	---

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Michael Harmanos

STREET ADDRESS  
173 E Wilson Street #C

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Costa Mesa	CA	92627	949-351-5948

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge and belief, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Jan. 26, 2015  
DATE

By \_\_\_\_\_

Executed on Jan. 30, 2015  
DATE

By \_\_\_\_\_

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

By \_\_\_\_\_

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

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME Sandy Genis for Costa Mesa City Council 2016	Page 2 I.D. NUMBER 1348966
--	----------------------------------

**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 "non-partisan."
- 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
Sandra L. "Sandy" Genis	Costa Mesa City Council	2016	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION Union Bank - Costa Mesa #0277	AREA CODE/PHONE 714-557-1617	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS PO Box 512380	CITY Los Angeles	STATE ZIP CODE CA 90051

**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