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JAN 16 2015

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# Statement of Organization Recipient Committee

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:

# 1332564

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

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

10 / 4 / 2010  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp  
CITY CLERK  
14 OCT 22 PM 3:45  
CITY OF COSTA MESA

CALIFORNIA FORM 410  
For Official Use Only  
RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California  
OCT 21 2014  
CITY CLERK

## 1. Committee Information

NAME OF COMMITTEE

Costa Mesa First

STREET ADDRESS (NO P.O. BOX)

1181 Atlanta Way

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Costa Mesa

CA

92626

(714)549-5884

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 2282, Costa Mesa, CA 92628

FAX / E-MAIL ADDRESS

huffmanrj@gmail.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Costa Mesa

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Richard J. Huffman, II

STREET ADDRESS (NO P.O. BOX)

1181 Atlanta Way

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Costa Mesa

CA

92626

(714)549-5884

NAME OF ASSISTANT TREASURER, IF ANY

Cynthia A. McDonald

STREET ADDRESS (NO P.O. BOX)

1181 Atlanta Way

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Costa Mesa

CA

92626

(714)549-5884

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 correct under penalty of perjury under the laws of the State of California.

Executed on 10/22/2014 / 1-13-15 By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

Executed on \_\_\_\_\_ By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

COMMITTEE NAME

Costa Mesa First

Page 2

I.D. NUMBER

1332564

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

NAME OF FINANCIAL INSTITUTION

Union Bank

AREA CODE/PHONE

(949)225-4300

BANK ACCOUNT NUMBER

ADDRESS

OC Airport 0063 - PO Box 512380

CITY

Los Angeles

STATE

CA

ZIP CODE

90051

**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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>