

**Statement of Organization
Recipient Committee**

1391268

Costa Mesa

Statement Type Initial
 Not yet qualified or
 30
 _____/_____/_____
 Date qualified as committee

Amendment
 List I.D. number:
 # Pending _____
 09 / 21 / 2016
 Date qualified as committee
 (If applicable)

Termination - See Part 5
 List I.D. number:
 # _____
 _____/_____/_____
 Date of Termination

RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

Date Stamp
 SEP 30 2016
 NOV 04 2016
 REGISTRAR OF VOTERS
 By _____ Deputy

CALIFORNIA FORM 410
 For Official Use Only

1. Committee Information

NAME OF COMMITTEE
 Yes on Measure W Committee, Major Funding by CBD Inc.
 STREET ADDRESS (NO P.O. BOX)
 2973 Harbor Blvd, Suite 151
 CITY STATE ZIP CODE AREA CODE/PHONE
 Costa Mesa CA 92626 (714) 676-8878
 MAILING ADDRESS (IF DIFFERENT)
 PO Box 11736 Costa Mesa, CA 92627
 FAX / E-MAIL ADDRESS
 info@yesforcostamesa.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Orange

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Jen Slater
 STREET ADDRESS (NO P.O. BOX)
 9070 Irvine Center Drive, #150
 CITY STATE ZIP CODE AREA CODE/PHONE
 Irvine CA 92618 (949) 858-7448
 NAME OF ASSISTANT TREASURER, IF ANY
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 NAME OF PRINCIPAL OFFICER(S)
 Jayson Quinones
 STREET ADDRESS (NO P.O. BOX)
 2973 Harbor Blvd, Suite 151
 CITY STATE ZIP CODE AREA CODE/PHONE
 Costa Mesa CA 92626 (949) 870-7203

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 9/26/2016 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 9/26/2016 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

RECEIVED
 CITY CLERK
 OCT 12 AM 9:22
 BY _____
 CITY OF COSTA MESA

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Yes on Measure W Committee, Major Funding by CBD Inc.

I.D. NUMBER

Pending

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (949) 754-1123	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 67 Technology Drive	CITY Irvine	STATE CA
		ZIP CODE 92618

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	
Safe Access: 4 Licensed Medical Marijuana Businesses : W	Costa Mesa	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

COMMITTEE NAME

Yes on Measure W Committee, Major Funding by CBD Inc.

Page 3 of 3

I.D. NUMBER

Pending

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.