

**Recipient Committee
Campaign Statement
Cover Page**

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CITY OF COSTA MESA
BY: [REDACTED]

CALIFORNIA FORM 460

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Statement covers period
from 7/1/2016
through 12/31/16

Date of election if applicable:
(Month, Day, Year)
11/8/16

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1390719

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Coalition for a Healthier Costa Mesa

STREET ADDRESS (NO P.O. BOX)

1978 Tustin Ave

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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<u>Costa Mesa</u>	<u>CA</u>	<u>92627</u>	<u>949 252 8532</u>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Oscar Garza

MAILING ADDRESS

1916 Greenleaf

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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<u>Santa Ana</u>	<u>CA</u>	<u>92706</u>	<u>714 349 6089</u>
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1/24/17
Date

By [REDACTED]
Signature of Treasurer or Assistant Treasurer

Executed on 1/24/17
Date

By [REDACTED]
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent