04-4					- CANALIA			
Statement of 6 Recipient Con					CITY CLE	CALIFO FOR		
Statement Type	☐ Initial ○ Not yet qualified or ○ Date qualified as committee	/		mination – See Part 5 -/ 12 / 2017 e of termination	17 SEP 21 AM		For Official Use Only	
1. Committee Information I.D. Number (if applicable) 1383723				2. Treasurer and Other Principal Officers				
NAME OF COMMITTEE Jay Humphrey for City Council 2016				NAME OF TREASURER Andrea N. Powers STREET ADDRESS (NO P.O. BOX)				
				1620 Sandalwood	•			
STREET ADDRESS (NO P.C	D. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE	
1620 Sandalwood St				Costa Mesa	CA		714-751-6552	
CITY	STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		32020	714-731-0332	
Costa Mesa	CA	92626	714-751-6552					
MAILING ADDRESS (IF DI	FFERENT)			STREET ADDRESS (NO P.O. BOX				
PO Box 1325, Co	sta Mesa, CA 92628							
e-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) vhumphrey@att.net				CITY	STATE	ZIP CODE	AREA CODE/PHONE	
COUNTY OF DOMICILE	JURISDICTION WHER	JURISDICTION WHERE COMMITTEE IS ACTIVE			s)			
Orange	Costa Mesa							
				STREET ADDRESS (NO P.O. BOX				
Attach additional	information on appropriately	labeled continuati	on sheets.	CITY	STATI	ZIP CODE	AREA CODE/PHONE	
I have used all repenalty of perjue Executed on	easonable diligence in prepar ry under the laws of the State 9/19/20/7 By DATE By By By	e of California that	the foregoing is tru signatu signature of controllin	my knowledge the inform le and correct. RE OF TREASURER OR ASSISTANT TREAS G OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT	true and complete	e. I certify under	
20 02 02 Pd Pt0 .	DATE DY		SIGNATURE OF CONTROLLIN	NG OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT			