

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1390434

10 / 07 / 2016

Date qualified as committee
(If applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

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CITY CLERK
16 OCT 11 AM 10:25
CITY OF COSTA MESA
BY M. Traylor

CALIFORNIA
FORM **410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee for Yes on Measure X

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd, Ste. D

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Fullerton

CA 92832

(714)699-4384

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

longwithgroup@gmail.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Randall T. Longwith

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd, Ste. D

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Fullerton

CA

92832

(714)699-4384

NAME OF ASSISTANT TREASURER, IF ANY

Chris Egger

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd, Ste. D

CITY

STATE

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92832

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NAME OF PRINCIPAL OFFICER(S)

Randall T. Longwith

STREET ADDRESS (NO P.O. BOX)

111 N. Harbor Blvd., Ste. D

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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 10/11/2016

DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/11/2016

DATE

By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____

DATE

By _____

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Committee for Yes on Measure X

I.D. NUMBER
1390434

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

NAME OF FINANCIAL INSTITUTION East West Bank		AREA CODE/PHONE (888)895-5650	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 651 N. Euclid St.	CITY Anaheim	STATE CA	ZIP CODE 92801	

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
Measure X - City of Costa Mesa Medical Marijuana	City of of Costa Mesa	<input type="checkbox"/>	<input type="checkbox"/>
Meausre		<input type="checkbox"/>	<input type="checkbox"/>