

Newport Beach

RECEIVED

Date Stamp
2017 JUN 7 AM 9:13
17 JUN 12 PM 2:14
OFFICE OF THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 410
For Official Use Only

Statement of Organization Recipient Committee

Statement Type Initial Amendment #1381208 Termination - See Part 5
Date qualified as committee _____ Date qualified as committee _____ Date of termination _____
(If amending to provide this date)

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers RECEIVED AND FILED in the office of the Secretary of State of the State of California

NAME OF COMMITTEE
Herdman for City Council 2020
STREET ADDRESS (NO P.O. BOX)
204 Coral Ave. CA 92662
CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92662 949/675-3888
MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
jherdman10@redmenner.com
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
ORANGE CITY OF NEWPORT BEACH

NAME OF TREASURER
Richard Weaver
STREET ADDRESS (NO P.O. BOX)
202 Nada
CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92660 949/278-2437
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

JUN 16 2017

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 6/6/17 By Richard H. Weaver
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 6/6/17 By Jeffrey M. Herdman
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

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

17 JUN 12 PM 2:14

CALIFORNIA FORM 410	
Page 2	
I.D. NUMBER 1381208	

COMMITTEE NAME

HERDMAN FOR CITY COUNCIL 2020

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

NAME OF FINANCIAL INSTITUTION SCHOOLS FIRST FEDERAL CREDIT UNION	AREA CODE/PHONE 714/258-4000	BANK ACCOUNT NUMBER	
ADDRESS 2115 N. Broadway	CITY Santa Ana	STATE CA	ZIP CODE 92711-1547

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
Jeff Herdman	CITY COUNCIL	2020	<input checked="" 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"/>