

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: _____
 # 1381208 # _____
 _____/_____/_____
 Date qualified as committee Date qualified as committee Date of Termination
 (If applicable)

RECEIVED
Date Stamp

2017 MAY -2 PM 3:06

OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Herdman for City Council 2020

STREET ADDRESS (NO P.O. BOX)

304 Coral Ave

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 92662 949/675-3288

FAX / E-MAIL ADDRESS

jherdman10@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

ORANGE

CITY OF NEWPORT BEACH

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Richard Weaver

STREET ADDRESS (NO P.O. BOX)

202 Nada

CITY STATE ZIP CODE AREA CODE/PHONE

NEWPORT BEACH CA 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

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 5/2/17 By Richard A. Weaver
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/2/17 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