

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1366725

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

Termination (See Part 5)

List I.D. number:

1366725

12 / 31 / 2014
Date of Termination

RECEIVED

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

FILED
in the office of the Secretary of State of California

FEB 02 2015

MAR 10 2015

REGISTRAR OF VOTERS

1. Committee Information

NAME OF COMMITTEE

Glenn for Council 2014

STREET ADDRESS (NO P.O. BOX)

111 E Edgewater Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Newport Beach CA 92661 (949)229-0096

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE

Newport Beach District 1

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Hunter Golden

STREET ADDRESS (NO P.O. BOX)

170 E 17th St Ste 110

CITY STATE ZIP CODE AREA CODE/PHONE

Costa Mesa CA 92627 (949)734-0353

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 01/01/2015
DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/01/2015
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| COMMITTEE NAME Glenn for Council 2014 | I.D. NUMBER 1366725 |
|---|-------------------------------|

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

| | | | |
|---|---|---------------------|--------------------------|
| NAME OF FINANCIAL INSTITUTION Bank of America | AREA CODE/PHONE (949)734-2405 | BANK ACCOUNT NUMBER | |
| ADDRESS 1200 Newport Center | CITY Newport Beach | STATE CA | ZIP CODE 92660 |

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 |
|--|---|------------------|--------------------------------------|
| Michael B. Glenn | City Council, District 1 | 2014 | <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 |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |