### 1. Committee Information

**NAME OF COMMITTEE**
Herdman for City Council 2016

**STREET ADDRESS (NO P.O. BOX)**
219 Abalone Ave

**CITY**
Newport Beach

**STATE**
CA

**ZIP CODE**
92662

**AREA CODE/PHONE**
(949)675-3288

**FAX / E-MAIL ADDRESS**
jherdman1@roadrunner.com

**COUNTY OF DOMICILE**
Orange

**JURISDICTION WHERE COMMITTEE IS ACTIVE**
Newport Beach, California

*Attach additional information on appropriately labeled continuation sheets.*

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
Richard Weaver

**STREET ADDRESS (NO P.O. BOX)**
202 Nata

**CITY**
Newport Beach

**STATE**
CA

**ZIP CODE**
92660

**AREA CODE/PHONE**
(949)278-2437

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS (NO P.O. BOX)**

**CITY**
Newport Beach

**STATE**
CA

**ZIP CODE**
92662

**AREA CODE/PHONE**
(949)675-3288

**NAME OF Principal OFFICER(S)**
Jeff Herdman

**STREET ADDRESS (NO P.O. BOX)**
204 Coral Ave

**CITY**
Newport Beach

**STATE**
CA

**ZIP CODE**
92662

**AREA CODE/PHONE**
(949)675-3288

### 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**: 11/04/2015
**By**: Richard Weaver
**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**Executed on**: 11/04/2015
**By**: Jeff Herdman
**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent**

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FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Statement of Organization

**Recipient Committee**

**COMMITTEE NAME**

Herdman for City Council 2016

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools First Federal Credit Union</td>
<td>(949)258-4000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2115 N. Broadway</td>
<td>Santa Ana</td>
<td>Ca</td>
<td>92711</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey M Herdman</td>
<td>City Council Member</td>
<td>2016</td>
<td>☑ Nonpartisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey M Herdman</td>
<td>City Council Member</td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>
Statement of Organization
Recipient Committee
INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Herdman for City Council 2016

4. Type of Committee (Continued)

General Purpose Committee
Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☑ CITY Committee  ☐ COUNTY Committee  ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
Support the candidate; assist in raising funds for the campaign

Sponsored Committee
List additional sponsors on an attachment.

NAME OF SPONSOR
INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS  NO. AND STREET  CITY  STATE  ZIP CODE

☑ Small Contributor Committee
☐ ☑ ☑ ☑ Date qualified

5. Termination Requirements
By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.