Statement of Organization
Recipient Committee

Statement Type  □ Initial
Not yet qualified  □ or

□ Amendment
List I.D. number:
# 1231238

□ Termination – See Part 5
List I.D. number:
#

Date qualified as committee

Date qualified as committee (if applicable)

Date of Termination

1. Committee Information
NAME OF COMMITTEE
Herdmann for City Council 2020

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

CITY STATE ZIP CODE AREA CODE/PHONE
NEWPORT BEACH CA 92662 949/675-3288

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DEMICILE 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 92662 949/473-2437

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 5/12/17 By Richard Weaver
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 5/12/17 By Jeffrey M. Herdmann
SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on DATE By

Executed on DATE By

Executed on DATE By

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov