·										STATEME	NT OF ORGANIZATION	
atement of Organization ecipient Committee			Type or print in ink			RECE		De	ate Stamp	CALIFO	DRNIA 110	
								ECEIV	ED	FO	RM 410	
atement Type	☑ Initial Not yet qualified ☐ or		Amendme List I.D. number:	nt 		rmination – See Pa number:		FEB -1	A10 :55	Fol	Official Use Only	
	12 / 31 / Date qualified as cor	2010 mmittee	Date qualified as		Da	te of Termination		CITY CLE Y OF PAS	ADENA			
Committee Inf	ormation					2. Treasurer an		Principal C	officers			
NAME OF COMMIT	EE					NAME OF TREAS						
Paid for by the	e friends of Allen S	hay				Susana Cam		OX)				
						202 S. Lake						
	(NO DO DOY)					CITY	Avenue,	Cuito 200	STATE	ZIP CODE	AREA CODE/PHONE	
STREET ADDRESS						Pasadena			CA	91101	626-584-0499	
202 S. Lake A	venue, Suite 260			AREA CODE	EIBHONE	NAME OF ASSIST	ANT TREAS	URER, IF ANY				
CITY		STATE										
Pasadena		CA	91101	626-584-	0499	STREET ADDRES	S (NO P.O. E	BOX)				
MAILING ADDRESS	(IF DIFFERENT)					CITY			STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX /	E-MAIL ADDRESS											
626-584-070	626-584-0703 / shayandassociates@hotmail.com				NAME OF PRINCI	PAL OFFICE	R(S)					
COUNTY OF DOMICILE COUNTY WHERE COMMITTHAN COUNTY OF DOMICI			RE COMMITTEE IS	ACTIVE IF DIFFEI	RENT	Allen Shay STREET ADDRES						
Los Angeles						202 S. Lake	Avenue,	Suite 260		ZIP CODE	AREA CODE/PHONE	
Attach additional information on appropriately labeled continuation sheets.				CITY Pasadena			STATE CA	91101	626-584-0499			
							-tion cont	ning herein	is true and co	omplete. I cert	ify under penalty of	
i have used all perjury under t	n reasonable diligence ne laws of the State o	of Callionnia	g this statement that the foregoir	ig is true aria e	ot of my kno correct.			n 4/1/1		\ .		
Executed on	1/1/201 DATE			Ву			SIGNITURE	A STATE OF THE STA	ASSISTANT TRE	ASURER		
Executed on	1/1/201 DATE	1	<u></u>	Ву		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OR STATE MEASURE PROPONENT						
Executed on	DATE			Ву		SIGNATURE OF CO	NTROLLING C	FFICEHOLDER, C	CANDIDATE, OR ST	ATE MEASURE PRO	PONENT	
Executed on	DATE			Ву		SIGNATURE OF CO	NTROLLING C	FFICEHOLDER, (CANDIDATE, OR ST	ATE MEASURE PRO	PONENT	

Statement of Organization **Recipient Committee**

CALIFORNIA 410 FORM
Page 2
I.D. NUMBER

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Paid for by the friends of Allen Shay

not yet received

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 "non-partisan."
- 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 SOUGH (INCLUDE DISTRICT NUMBER	IT OR HELD IF APPLICABLE)	YEAR OF ELECTION	PARTY
Allen Shay	Pasadena City Council Membe	2011	Non-Partisan	
lien Shay				☐ Non-Partisan
List the financial institution where the campaign bank account is			INIT NUMBER	
	located (controlled "candidate election AREA CODE/PHONE	BANK ACCO	UNT NUMBER	
NAME OF FINANCIAL INSTITUTION				
List the financial institution where the campaign bank account is NAME OF FINANCIAL INSTITUTION Chase ADDRESS	AREA CODE/PHONE	BANK ACCO		

ELECTIVE OFFICE SOUGHT OR HELD

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	
CANDIDATE(O) NAME ON ME SOCIETY	I	SUPPORT	OPPOSE
Allen Shay	Pasadena City Council Member - District 4	l ×	
Allen Shay		SUPPORT	OPPOSE

STATEMENT OF ORGANIZATION **Statement of Organization Recipient Committee CALIFORNIA FORM** INSTRUCTIONS ON REVERSE Page 3 I.D. NUMBER COMMITTEE NAME not yet received Paid for by the friends of Allen Shay 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: COUNTY Committee STATE Committee CITY Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE

- 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;

Date qualified

- · 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

Small Contributor Committee

- 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.