Sta ent of Organization Recipient Committee		Type or print in ink			STATEMENT OF ORGANIZATION				
•	iiiiitee		/		P	ECEI		CANTEORNIA ZZO	
	☐ Initial Not yet qualified ☐ cr	Amendment List I.D. number:	Term List I.D. no	ination – See Part 5	11			For Official Use Only	
t E	Not yet qualified G	#	#13	35506	11	JUN -6	A9:17		
		Date qualified as committee		28, 11 of Termination		CITY CL			
1. Committee Infor			2.	Treasurer and Othe	er Princ	ipal Office	rs		
NAME OF COMMITTEE CAYLA BUHCOL		PHOR FOR	. 11	NAME OF TREASURER STREET ADDRESS (NO P.C.	D. BOX)	<u>2⊅€</u>			
STREET ADDRESS (NO	D P.O. BOX)			1750 M	- 0	\$500X	F 176	•	
1131 10	amerije Ro!	<u> </u>		SOASAS	سريك	: چېر ن	_	CODE AREA CODE/PHONE	<u> </u>
CITY PASA-18	STATE	ZIP CODE AREA CODE	IPHONE	NAME OF ASSISTANT TRE	ASURER, I	FANY Les	`		.,
MAILING ADDRESS (IF	DIFFERENT)			\$5 N. CA	77	ليبرئ		CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-M/	AIL ADDRESS			PASADON	بيلو	(<u>)</u>	9116		
COUNTY OF DOMICILE	COUNTY WHER	E COMMITTEE IS ACTIVE IF DIFFERE	ENT	NAME OF PRINCIPAL OFFI		-10/5D	Dared.		
	THAIN COUNTY	OF DOMICILE		STREET ADDRESS (NO P.C	D. BOX)	24.E	Dark		
Attach additional infor	mation on appropriately labeled co	onlinuation sheets.		DA A A.S.	å /		STATE ZIP	CODE AREA CODE/PHONE	
	MIN			- FINO 1460 N	<i>5</i> ~ (<u> </u>		5 606-105-400-	
perjury under the la	conable diligence in preparing ws of the State of California th	this statement and to the best of lat the foregoing is true-and cor	of my knowler	dge the information con	ntained h	erein is true	and complet	e. I certify under penalty of	
Executed on	DATE			SIGNATURE	OF TREASU	REP OR ASSISTA	ANT TREASURER		
Executed on	DATE	— Бу		SIGNATURE OF CONTROLLING	OFFICEHOL	DER, CANDIDATE	OR STATE MEAS	SURE PROPONENT	
Executed on	DATE	ву	VI	SIGNATURE OF CONTROLLING	OFFICEHOLI	DER, CANDIDATE	OR STATE MEAS	SURE PROPONENT	
Executed on	DATE		AF .	SIGNATURE OF CONTROLLING	OFFICEHOLI	DER, CANDIDATE	. OR STATE MEAS	SURE PROPONENT	
				//				FPPC Form 410 (June/09) e: 866/ASK-FPPC (866/275-3772)	

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME			STATEMENT OF ORGANIZATION CARRIAGORIVA A GO Page 3 I.D. NUMBER
, , , , , , , , , , , , , , , , , , , ,	HBR FOL SCHOL	11 05 204 at	1335506
4. Type of Committee (Continued)		•	
Consolization Section (ICC) CITY Community	support or oppose specific candidates or measures mittee	s in a single election. Check only one box: : Committee	
PROVIDE SRIEF DESCRIPTION OF ACTIVITY			
Spotsore (Committees) List additional sponso	rs on an attachment.		
NAME OF SPONSOR	INDUSTRY GR	OUP OR AFFILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET	CITY	STATE	ZIP CODE
Small Contributios Committees	te qualified		
5. Termination Requirements By signi	ing the verification, the treasurer, assistant treasure	r 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 rec	eiving contributions or making expenditu	ures in the future;	
· This committee has eliminated or has r	no intention or ability to discharge all deb	ots, loans received, and other obliga	tions;
This committee has no surplus funds; a	and		
· This committee has filed all campaign :	statements required by the Political Refo	orm Act disclosing all reportable tran-	sactions.
 There are restrictions on the disposi Government Code Section 89519. 	ition of surplus campaign funds held by e	elected officers who are leaving offic	e and by defeated candidates. Refer to
	mmittees may be used for political, legisl Code Section 18680 and FPPC Regulat		ler Government Code Sections 89511 -

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