Statement of Organization Recipient Committee			Type or print in ink			~		ite Stamp	CALIF	STATEMENT OF ORGANIZATION CALIFORNIA 410	
Statement Type	☑ Initial  Not yet qualified ☐ or		Amendment List I.D. number:		☐ Termination – See Part 5 List I.D. number:		İ	6-2 AS	F	or Official Use Only	
	7 <u>J 21 J</u> Date qualified as con		Date qualified a		#	J e of Termination		Y CLERK PASADE	ENA		
1. Committee Inf	ormation					2. Treasurer and Other	Principal O	fficers			
NAME OF COMMITTEE TO	ree Elect Jill Fosselma	n to City C	ouncil 2011		<del></del>	NAME OF TREASURER Megan V. Hamilton STREET ADDRESS (NO P.O. 1970 Sierra Madre V	•				
STREET ADDRESS	(NO P.O. BOX)					CITY	illa Avenue	STATE	ZIP CODE	AREA CODE/PHONE	
2120 Lambert	Drive					Pasadena		CA	91107	626-794-1479	
сіту Pasadena		STATE CA	ZIP CODE 91107	AREA CODE/F		NAME OF ASSISTANT TREAS	,				
MAILING ADDRESS	(IF DIFFERENT)		**			STREET ADDRESS (NO P.O.	BOX)				
P.O. Box 5002	2 Pasadena, CA 9	91117			<del></del>	CITY		STATE	ZIP CODE	AREA CODE/PHONE	
jafosselman@						NAME OF PRINCIPAL OFFICE	ER(S)	<del></del>			
COUNTY OF DOMIC		OUNTY WHER HAN COUNTY	E COMMITTEE IS A OF DOMICILE	ACTIVE IF DIFFERE	NT	STREET ADDRESS (NO P.O.	BOX)				
Los Angeles  Attach additional in	nformation on appropriat	ely labeled co	ontinuation sheets	S.		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
3. Verification I have used all reperjury under the		n preparing t	this statement a	nd to the best o	f my know rect.	rledge the information conta	ained herein is	true and co	mplete. I certif	y under penalty of	
Executed on	7-21-2010 DATE	1		Ву	<u> </u>	Legan V. Ho	enie (+s	SSISTANT TREA	CLIDED		
Executed on	7-22-2010 DATE	)		Ву		SIGNATURE OF CONTROLLING OF	<i>لاحد</i> .			NIENT	
Executed on	DATE		<del></del>	Ву		SIGNATURE OF CONTROLLING OF					
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING OF					

FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

proponent. If candidate or office or check "non-partisan." e and identification number of th		d, also list the elective o	CALIFORNIA FORM  Page 2 I.D. NUMBER   office sought or held, and	10
or check "non-partisan."		d, also list the elective o	I.D. NUMBER	1
or check "non-partisan."		d, also list the elective o		•
or check "non-partisan."		d, also list the elective o	ffice sought or held, and	
or check "non-partisan."		d, also list the elective o	ffice sought or held, and	1
or check "non-partisan."		d, also list the elective o	ffice sought or held, and	1
or check "non-partisan."		d, also list the elective o	office sought or held, and	1
	e other controlle			•
e and identification number of th	e other controlle			
	e outer controlle	d committee.		
ELECTIVE OFFICE SOUGHT OR (INCLUDE DISTRICT NUMBER IF API		YEAR OF ELECTION	PARTY	
ena City Council, District 4	2011	⊠ Non-Partisan		
			☐ Non-Partisan	
ntrolled "candidate election" cor	nmittees only)			
REA CODE/PHONE		NT NUMBER		
26-798-0895	90283362	23		
ITY	STATE	ZIP CODE		
Pasadena	CA	91104		
	ena City Council, District 4  entrolled "candidate election" cor  REA CODE/PHONE  26-798-0895	ena City Council, District 4  entrolled "candidate election" committees only)  REA CODE/PHONE  26-798-0895  90283362  STATE	ena City Council, District 4  2011  entrolled "candidate election" committees only)  REA CODE/PHONE 26-798-0895  BANK ACCOUNT NUMBER 902833623  ETY STATE ZIP CODE	ena City Council, District 4  2011  Non-Partisan  Introlled "candidate election" committees only)  REA CODE/PHONE  BANK ACCOUNT NUMBER  26-798-0895  STATE  ZIP CODE

FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

STATEMENT OF ORGANIZATION

## Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE	Page 3
COMMITTEE NAME	I.D. NUMBER
Committee to Elect Jill Fosselman to City Council 2011	
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	
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.

FPPC Form 410 (June/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)