Statement of Organization
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

For Official Use Only

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CITY CLERK
CITY OF PASADENA

Statement Type

☐ **Initial**
Not yet qualified ☐ or

___/___/___
Date qualified as committee

☐ **Amendment**
List I.D. number:
#

___/___/___
Date qualified as committee
(If applicable)

☒ **Termination – See Part 5**
List I.D. number:
1329082

08 / 01 / 11
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Committee to Elect Jill Fosselman to City Council 2011

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91107	[redacted]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
[redacted]

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Megan V. Hamilton

STREET ADDRESS (NO P.O. BOX)
[redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Pasadena	CA	91107	[redacted]

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

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 8.1.2011 (DATE) By Megan V. Hamilton (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 8.1.2011 (DATE) By Jill Fosselman (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on ___ (DATE) By ___ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA FORM **410**
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COMMITTEE NAME	I.D. NUMBER
Committee to Elect Jill Fosselman to City Council 2011	1329082

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 SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Jill A. Fosselman	Pasadena City Council, District 4	2011	☒ Non-Partisan
			☐ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
JPMorgan Chase Bank, N.A.	[redacted]	902833623	
ADDRESS	**CITY**	**STATE**	**ZIP CODE**
[redacted]	Pasadena	CA	91104

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	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE