

**Statement of Organization  
Recipient Committee**

Type or print in ink

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:

# 993498

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

Date qualified as committee

Date qualified as committee  
(if applicable)

Date of Termination

|            |  |
|------------|--|
| Date Stamp | STATEMENT OF ORGANIZATION<br>CALIFORNIA FORM <b>410</b><br>JAN 24 10 59 AM<br>CITY CLERK<br>CITY OF PASADENA |
|------------|--|

**1. Committee Information**

NAME OF COMMITTEE

Friends of Steve Madison for City Council 2011  
(Formerly "Friends of Steve Madison")

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Pasadena | CA    | 91105    | _____           |

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Quincy B. Hocutt

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Pasadena | CA    | 91105    | _____           |

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

| CITY  | STATE | ZIP CODE | AREA CODE/PHONE |
|-------|-------|----------|-----------------|
| _____ | _____ | _____    | _____           |

NAME OF PRINCIPAL OFFICER(S)

Steve Madison

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

| CITY     | STATE | ZIP CODE | AREA CODE/PHONE |
|----------|-------|----------|-----------------|
| Pasadena | CA    | 91105    | _____           |

**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 November 10, 2010  
DATE

Executed on November 10, 2010  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Friends of Steve Madison for City Council 2011

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY  |
|--|---|------------------|--|
| Steve Madison  | Pasadena City Council, District 6   | 2011             | <input checked="" type="checkbox"/> Non-Partisan |
|  |   |                  | <input type="checkbox"/> 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 | NUMBER     |
|-------------------------------|-----------------|------------|
| Primerica Bank                | [REDACTED]      | [REDACTED] |
| ADDRESS                       | CITY            | ZIP CODE   |
| [REDACTED]                    | Los Angeles     | CA 90017   |

**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<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
|   |  |           |        |
|   |  |           |        |

Statement of Organization  
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
Friends of Steve Madison for City Council 2011

I.D. NUMBER  
983498

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

WRITE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

MAILING ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Ballot Contributor Committee**

Date qualified

**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.