Statement of Organization Recipient Committee			Type or p	orint in ink			3	Pete Stamp			STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM		
Statement Type	☐ Initial Not yet qualified ☐ o Date qualified as co		Amendment List I.D. number: # Date qualified as (If applica		List I.D. # 1314 06	mination – See Part 5 number: 4867 	109	AUG 27	A10 :20	1	or Official Use Only		
1. Committee Inf	ormation					2. Treasurer and Ot	her Pri	ncipal Of	ficers				
NAME OF COMMITT TERRI DARR	EE FOR PASADENA	SCHOOL B	OARD 2009			MARY BRODI-ME STREET ADDRESS (NO I	EEKS P.O. BOX)						
STREET ADDRESS	STREET ADDRESS (NO P.O. BOX)					CITY			STATE	ZIP CODE	AREA CODE/PHONE		
2637 HOMEP	ARK AVENUE					PASADENA			CA	91107	818-286-5029		
ALTADENA MAILING ADDRESS	(IF DIFFERENT)	STATE CA	91001	AREA CODE/ 626-296-0		NAME OF ASSISTANT TE							
OPTIONAL: FAX / E	-MAIL ADDRESS					CITY			STATE	ZIP CODE	AREA CODE/PHONE		
Darrforschools						NAME OF PRINCIPAL OF	FFICER(S)	· · · · · · · · · · · · · · · · · · ·					
LOS ANGELE		COUNTY WHER THAN COUNTY	E COMMITTEE IS A OF DOMICILE	CTIVE IF DIFFERE	:NT	STREET ADDRESS (NO	P.O. BOX)					
Attach additional ii	nformation on appropri	iately labeled co	ontinuation sheets	i.		CITY			STATE	ZIP CODE	AREA CODE/PHONE		
3. Verification I have used all reperjury under the Executed on Executed on Executed on Executed on	easonable diligence e laws of the State of State of the State of DATE DATE	in preparing of California th	this statement a at the foregoing	nd to the best of the structure and consider the structure and consider the structure and the structur	of my know rect.	SIGNATURE OF CONTROLLI	URE OF TRE	ASURER OR A	DIDATE, OR STA	ASURER ATE MEASURE PROF ATE MEASURE PROF ATE MEASURE PROF	PONENT		

Recipient Committee	CALIFORNIA 410							
INSTRUCTIONS ON REVERSE	Page 2							
COMMITTEE NAME			***************************************		I.D. NUMB			
TERRI DARR FOR PASADENA SCHOOL BOARD 2009	1314867							
4. Type of Committee Complete the applicable sections.								
Controlled Committee								
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	neasure p	roponent. If candidate or officehol	der controlled,	also list the elective o	ffice soug	jht or held,	and	
 List the political party with which each officeholder or candidate is 	affiliated o	or check "non-partisan."						
 If this committee acts jointly with another controlled committee, lis 	t the name	and identification number of the ot	her controlled	committee.				
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	_	ELECTIVE OFFICE SOUGHT OR HEL (INCLUDE DISTRICT NUMBER IF APPLIC		YEAR OF ELECTION	PARTY			
TERRI DARR	PUSD	BOARD OF TRUSTEE SEAT#	2009	▼ Non-Partisan				
					☐ Nor	ı-Partisan		
List the financial institution where the campaign bank account is ic.	cated (cor	ntrolled "candidate election" commit	itees only)					
NAME OF FINANCIAL INSTITUTION	AF	REA CODE/PHONE	BANK ACCOUNT	T NUMBER				
BANK OF AMERICA	1.	-800-622-8731	52					
ADDRESS	CI	TY	STATE	ZIP CODE				
880 E. COLORADO BLVD	PASADENA CA			91101				
\$ 1.5 ×								
Primarily Formed Committee Primarily formed to support or oppose	specific ca	andidates or measures in a single election	on. List below:					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OF	R LETTER)	CANDIDATE(S) OFFICE SOUG (INCLUDE DISTRICT NO			N	CHECK	CONE	
N/A						SUPPORT	OPPOSE	

Statement of Organization Recipient Committee

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

STATEMENT OF ORGANIZATION

STATEMENT OF ORGANIZATION Statement of Organization CALIFORNIA / **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 3 I NUMBER COMMITTEE NAME 1314867 TERRI DARR FOR PASADENA SCHOOL BOARD 2009 4. Type of Committee (Continued) Not formed to support or oppose specific candidates or measures in a single election. Check only one box: General Purpose Committee ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY N/A List additional sponsors on an attachment. Sponsored Committee INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR N/A NO AND STREET ZIP CODE STREET ADDRESS 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.

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