## COPY

Statement of Organization Recipient Committee		Type or prin					Stemp	STATEME CALIF		ANIZATION
Statement Type	☑ Initial Not yet qualified ☐	Amendment List I.D. number:	Te List I.D	ermi D. nu		CEIVE			or Official Use O	nly
	12 , 09 , Date qualified as cor				of Termination CITY	TY OF ERK OF PASADE	ΝΛ		,	
1. Committee	Information			2.	Treasurer and Ot	her Princip	al Offic	ers		······································
NAME OF COMMITT	TEE				NAME OF TREASURER CHRISTOPHER I	R HOLDEN				
COMMITTE	EE TO RE-ELE	CT CHRIS HOLDEN	2005		589 JACKSON S	STREET				
STREET ADDRESS 589 JACH	(NO PO. BOX) KSON STREET				PASADENA		STATE CA	21P CODE 91104		DDE/PHONE 44-4738
CITY PASADENA	A	STATE ZIP CODE CA 91104	AREA CODE/PHONE 626 744-473	8	NAME OF ASSISTANT TREASU	IRER, IF ANY				
MAILING ADDRESS	(IF DIFFERENT)				STREET ADDRESS					
1015 N I	LAKE AVENUE	#307, PASADENA CA	91104		CITY		STATE	ZIP CODE	AREA CO	DDE/PHONE
OPTIONAL: FAX / I	E-MAIL ADDRESS				NAME AND POSITION OF OTH	IER PRINCIPAL OF	FICER(S), IF	APPLICABLE		
LOS ANG	İT	COUNTY WHERE COMMITTEE IS ACTI HAN COUNTY OF DOMICILE	VE IF DIFFERENT		MAILING ADDRESS			· · · · · · · · · · · · · · · · · · ·		
Attach additional	information on appropris	ately labeled continuation sheets.			CITY		STATE	ZIP CODE	AREA C	ODE/PHONE
perjury under th	reasonable diligence the laws of the State of	, •		ow)	JOELLY SIGNATURE OF Wis JESC	TREASURER OR AS	SISTANT TRE	ASURER ATE MEASURE PROP	ONENT	enalty of
Executed on			By			•				
	DATE		•		SIGNATURE OF CONTROLLING OF	FICEHOLDER, CAND	IDATE, OR ST	ATE MEASURE PROP	ONENT	

FPPC Form 410 (Jan/03)
FPPC Toll-Free Heloline: 866/ASK-FPPC

## Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME COMMITTEE TO RE-ELECT CHRIS HOLDEN 2005 STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM 410 LD. NUMBER

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)				YE	AR OF ELECTION	PAR TY	
CHRISTOPHER R HOLDEN	PASADENA	CITY	COUNCIL	-DISTRIC	CT 3	2005	X Non-Partisan	
							Non-Partisan	
<ul> <li>List the financial institution where the campaign bank account is local.</li> </ul>	ocated (controller	d "candida	ite election" co	mmittees only	)		-1	
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE		BANK ACC	OUNT NUM	BER		<u> </u>
WELLS FARGO BANK	626	685-9275 5875407230						
ADDRESS	CITY			STATE		ZIP CODE	- 49	
655 NORTH FAIR OAKS AVENUE	PAS	ADENA		CA		91103		
Primarily Formed Committee Primarily formed to support or oppose	e specific candidat	es or meas	sures in a single	election. List be	low:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OI	R LETTER)		ATE(S) OFFICE SI			JRE(S) JURISDICTIC S APPLICABLE)		CK ONE
							SUPPORT	OPPOSE
							SUPPORT	OPPOSE
							1	1

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## Statement of Organization Recipient Committee

Recipient Committee	FORM 410
INSTRUCTIONS ON REVERSE	Page 3
COMMITTEE TO RE-ELECT CHRIS HOLDEN 2005	I.D. NUMBER
4. Type of Committee (Continued)	
General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Cr  CITY Committee COUNTY Committee STATE Committee	heck only one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPO	DNSOR
STREET ADDRESS NO. AND STREET CITY	STATE ZIP CODE
Small Contributor Committee  Date qualified  Check box and provide the date this committee qualified small contributor committee on January 1, 2001, enter 1/2	as a small contributor committee. If the committee qualified as a /1/01.

- 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.

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STATEMENT OF ORGANIZATION