# Statement of Organization
# Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

For Official Use Only

Date Stamp: RECEIVED '13 JAN 18 A9:34 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: # _____ ____/____/____ Date of Termination

## 1. Committee Information

NAME OF COMMITTEE
FRIENDS OF TYRON Hampton for School BOARD 2013

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

CITY: Pasadena | STATE: CA. | ZIP CODE: 91104 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT)

**OPTIONAL:** FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

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
TARA GOMEZ

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

CITY: Pasadena | STATE: Ca. | ZIP CODE: 91104 | AREA CODE/PHONE: [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)
Tyron Hampton

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

CITY: Pasadena | STATE: CA. | ZIP CODE: 91104 | AREA CODE/PHONE: [redacted]

## 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 1-11-13 (DATE) By Tara Gomez (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 1-11-13 (DATE) By [signature] (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

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COMMITTEE NAME
FRIENDS of Tyron Hampton for School Board 2013

I.D. 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) | YEAR OF ELECTION | PARTY |
|---|---|---|---|
| Tyron Hampton | Pasadena Board of Education Dist. #3 | 2013 | ☒ 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 |
|---|---|---|
| WELLS FARGO BANK | [redacted] | [redacted] |

| ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| [redacted] | Pasadena | Ca | 91105 |

**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 |

## Statement of Organization
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INSTRUCTIONS ON REVERSE



COMMITTEE NAME: FRIENDS OF TYRON HAMPTON FOR SCHOOL BOARD 2013

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. 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.