Statement of Organization Recipient Committee		Type or print in ink		Date Stamp	CALIFORNIA 410	
Statement Type	☐ Initial  Not yet qualified ☐ or	List i.D. number: 3225 #	ermination – See Part 5  D. number:  J  ate of Termination	JAN 23 10:52AM CITY CLERK	For Official Use Only	
1. Committee l	Information			her Principal Officers	5	-
NAME OF COMMITTE	elps for S	Chuol Board 2013	NAME OF TREASURER	im Kenne		
•	· · · · · · · · · · · · · · · · · · ·		1007	IV. Mar Vis		
STREET ADDRESS (	- Forest Av	· P ~	CITY Pasaden	e GA 9	PCODE AREA CODE/PHONE 1104 (626) 7-94	0325
CITY PAS A	dena C	E ZIP CODE AREA CODE/PHONE 4 9/103 (626) 720-247	NAME OF ASSISTANT TREASU STREET ADDRESS (NO P.O. B			
			CITY	STATE ZI	P CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-	SFelps 9	10 rahoo.com	NAME OF PRINCIPAL OFFICER	R(S)		
LOS Ang	THAN COUN	HERE COMMITTEE IS ACTIVE IF DIFFERENT ITY OF DOMICILE	STREET ADDRESS (NO P.O. B	OX)		
Attach additional inf	formation on appropriately labeled	d continuation sheets.	CITY	STATE ZI	P CODE AREA CODE/PHONE	
3. Verification I have used all rea	asonable diligence in preparir laws of the State of California	ng this statement and to the best of my kno that the foregoing is true and correct.	wledge the information contai	ned herein is true and comple	ete. I certify under penalty of	
	1-20-13 DATE	Ву	SIGNATURE OF	TREASURER OR ASSISTANT TREASURER	R	
Executed on	)-22-13 DATE	Ву	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME.	ASURE PROPONENT	
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME.	ASURE PROPONENT	
Executed on	DATE	Ву	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, OR STATE ME.	ASURE PROPONENT .	

FPPC Form 410 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME Phelps for School Board 2013 STATEMENT OF ORGANIZATION CALIFORNIA 410 FORM Page 2 I.D. NUMBER 1273225

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							
Scott Phelos	Trutee, Pasadena USD Board, District	7 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 Calterly Employees FCU	AREA CODE/PHONE BANK ACCOUNT	13656	75							
ADDRESS 528 FOOTHILL Blvd. LaC	anda Flintnilge CA	ZIP CODE 91012								
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 LE	CHECK									
			SUPPORT	OPPOSE						
			SUPPORT	OPPOSE						

FPPC Form 410 (April/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)