

COPY

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination – See Part 5

Not yet qualified
or
 Date qualified as committee _____/_____/_____ 12/22/2017
Date qualified as committee Date of termination

RECEIVED 2017 DEC 22 A 10:54 CITY OF SAN MARINO CITY CLERK'S OFFICE	CALIFORNIA FORM 410 For Official Use Only

1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number <i>(if applicable)</i>		NAME OF TREASURER Ken Ude	
NAME OF COMMITTEE Committee to Elect Ken Ude to San Marino City Council 2017		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE San Marino CA 91108 [REDACTED]	
CITY STATE ZIP CODE AREA CODE/PHONE San Marino CA 91108 [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY _____	
MAILING ADDRESS (IF DIFFERENT) _____		STREET ADDRESS (NO P.O. BOX) _____	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE _____	
COUNTY OF DOMICILE Los Angeles	JURISDICTION WHERE COMMITTEE IS ACTIVE San Marino	NAME OF PRINCIPAL OFFICER(S) _____	
		STREET ADDRESS (NO P.O. BOX) _____	
		CITY STATE ZIP CODE AREA CODE/PHONE _____	

Attach additional information on appropriately labeled continuation sheets.

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 12/22/2017 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Ken Ude to San Marino City Council 2017

I.D. NUMBER

1397425

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Wells Fargo	AREA CODE/PHONE 626-795-3294	BANK ACCOUNT NUMBER 122000247 7288095537	
ADDRESS 23556 Huntington Dr	CITY San Marino	STATE CA	ZIP CODE 91108

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 "nonpartisan." Stating "No party preference" is acceptable.
- 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	
			CHECK ONE	
Ken Ude	San Marino City Council	2017	Nonpartisan	Partisan (list political party below)
			<input checked="" type="checkbox"/>	
			Nonpartisan	Partisan (list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Ken Ude	San Marino City Council	<input checked="" type="checkbox"/>	
		SUPPORT	OPPOSE

Clear Page

Print

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA	410
FORM	
Page 3	
I.D. NUMBER	1397425

COMMITTEE NAME

Committee to Elect Ken Ude to San Marino City Council 2017

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** **Political Party/Central Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To help Ken Ude get elected to San Marino City Council

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Ken Ude

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

na

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Marino, CA 91108

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.

Clear Page

Print