	1380	23		Finance & States and the state of the state
Statement of Organizatio	on	<u>~</u>	Date Stamp	CALIFORNIA 140
Recipient Committee	KIOT	- <sup>1</sup>	RECEIVED AND FILE	FORM
Statement Type	List I,D, number:	L Termination See Part 5 List I.D. number:	in the office of the Secretary of St of the State of California	
Not yet quameu	/	ł	SEP 23 2015	Office of the
/	///////	///		City Clerk
·	l as committee Date qualified as committee (If applicable)	Date of Termination	Hand Delivered, Sacramer	10 Ptg
1, Committee Information	F FRANCO CAMPAIA DISTRICT 20		Other Principal Officers	
TIRLOCK	CA 95380		ואר	, , , , , , , , , , , , , , , , , , ,
СПУ	STATE ZIP CODE AREA CODE/P	HUNE VCITY TOMOCI	c CA	95382
MAILING ADDRESS (IF DIFFERENT)	· · · · · · · · · · · · · · · · · · ·		URER, IF ANY	10200
FAX/E-MAIL ADDRESS +26Marto. 270	D MSh. Con.	5		
COUNTY OF DOMICILE	JURISDICTION WHERE COMMITTEE IS ACTIVE		state -	ZIP CODE AREA CODE/PHONE
ANNOUND	West router	NAME OF PRINCIPAL OFFICE		1951
		JAIME	FICANCO	
Attach additional information on	appropriately labeled continuation sheet.	STREET ADDRESS INO P.D. B S.		
		CITY	STATE	ZIP CODE AREA CODE/PHONE
		TURIO	CA CA	- 95350
3. Verification	ence in preparing this statement and to the	ne best of my knowledge the infor	mation contained herein is true	and complete. I certify under
penalty of perjury under the la	ws of the State of California that the fore	going is true and correct.		
Executed on	Ву	SIGNATURE OF TRASURER OR ASSISTANT TR	EASUBER	<u></u>
Executed on	<u>/Sву</u>	C.M	/	
Executed on	SIGNATURE (	OF CONTROLLING OFFICEHOLDER, CANDIDATE, OK S	TATE MEASURE PROPONENT	
DATE		OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR	TATE MEASURE PROPONENT	
Executed on	By signature	OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR 5	TATE MEASURE PROPONENT	 FPPC Form 410 (Dec/2012)

.

•

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization Recipient Committee							CALIFORNIA FORM 410
JAIME FRANCO CAI	NAA	16n/p	15774	CT Z	CIMO	Canker 2	LE JD/D
All committees must list the financial institution where the campaign ba	ink account	t is located.				5	)
NAME OF FINANCIAL INSTITUTION	AREA CO	DE/PHONE		8A)	NK ACCOUNT NUMBER		
ADDRESS OLIVE STREET	CITY	iriock	•	STA	CA	21P CODE 95380	)
<ul> <li>4. Type of Committee Complete the applicable sections.</li> <li>Controlled Committee</li> <li>List the name of each controlling officeholder, candidate, or state r district number, if any, and the year of the election.</li> </ul>	measure p	proponent. If c	andidate	or officeh	older controlle	d, also list the elec	tive office sought or held, and
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, li	ist the nar	ne and identifie	ation nu	mber of th	e other contro	olled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)			LE)	YEAR OF ELECTION	PARTY
JAIME FRANCO	D(;	STRICT	2,	CITY	Countric	201U	Nonpartisan
							Nonpartisan
Primarily Formed Committee	pose spec	ific candidates	or measu	ires in a sir	ngle election.	List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETT	CA			HT OR HELD OR ME. 5., CITY OR COUNTY	ASURE(S) JURISDICTION (, AS APPLICABLE)	CHECK ONE	
							SUPPORT OPPOSE
							SUPPORT OPPOSE

. 19

2

FPPC Form 410 (Dec/2012) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE	•			-	CALIFORNIA FORM 410
JAIME FRANCO	CAMPAIGN /	DISTRUCT	Z, CITY C		I.D. NUMBER
4. Type of Committee (Continued)					
General Purpose Committee Not/formed to suppor	t or oppose specific candidate	s or measures in a sing TATE Committee	le election. Check o	only one box:	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY JAIME FRANCO	-AMPAIEN /	pisme	ŦΖ,	CITY	COUNCIL
Sponsored Committee List additional sponsors on a	in attachment.		·		
NAME OF SPONSOR	INDUSTRY	GROUP OR AFFILIATION OF SPONSO	R	••••••••	
STREET ADDRESS NO. AND STREET	C/TY		STATE	ZIP CODE	····
Small Contributor Committee					
5. Termination Requirements By signing the verific	allon, the treasurer, assistant treasur	er and/or candidate, officeho	lder, oc proponent certif	y that all of the fol	owing conditions have been met:
<ul> <li>This committee has ceased to receive contributions</li> </ul>	and make expenditures;				und sic Chin iss workfordening, strand Annald, Schwarth Product, 2010, 1977, 2010, 2010, 2010, 2010, 2010, 2014
<ul> <li>This committee does not anticipate receiving contri</li> </ul>	butions or making expenditur	es in the future;			
This committee has eliminated or has no intention	or ability to discharge all debt	s, loans received, and o	ther obligations;		
<ul> <li>This committee has no surplus funds; and</li> </ul>					

• 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.

FPPC Form 410 (Dec/2012) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov