

San Marino

CALIFORNIA 410 FORM
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 CAMPAIGN FINANCE
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Date Stamp
RECEIVED AND FILED
 In the office of the Secretary of State
 of the State of California
APR 28 2017

Statement of Organization Recipient Committee

Statement Type Initial Amendment
 Not yet qualified or

Termination - See Part 5 List I.D. number: # _____

Date qualified as committee _____ Date qualified as committee (if applicable) _____
 Date of Termination _____

1396253

R19

1. Committee Information

NAME OF COMMITTEE
 Committee to elect Calvin Lo
 for City Council 2017

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Joyce Yeh

STREET ADDRESS (NO P.O. BOX)
 446 Highland Blvd
 CITY
 San Marino CA 91088
 Mailing Address (if different)
 446 Highland Blvd
 San Marino CA 91088

STREET ADDRESS (NO P.O. BOX)
 2735 California Road
 CITY
 San Marino CA 91088
 Mailing Address (if different)
 2735 California Road
 San Marino CA 91088

FAX / E-MAIL ADDRESS
 Calvin Lo @ Yahoo.com
 COUNTY OF DOMICILE
 Los Angeles

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 4/25/2017 By [Signature] Treasurer
 Executed on 4/25/2017 By [Signature] Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent
 Executed on _____ By _____ Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent
 Executed on _____ By _____ Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Committee to elect Calvin Lo for City Council 2017

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

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

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."
- 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

Calvin Lo

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

San Marino City Council

YEAR OF ELECTION

2017

PARTY

Nonpartisan
 Nonpartisan

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Committee to elect Calvin Lo for 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

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To elect Calvin Lo to San Marino City Council in November 2017

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.