

Inspected: _____
Returned: _____

Don't Mark No
1396250

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 _____ / _____ / _____

CALIFORNIA FORM 410
For Official Use Only
LOS ANGELES COUNTY
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in the office of the Secretary of State
of the State of California
2017 MAY -9 PM 3:27
CAMPAIGN FINANCE
Date Stamp
APR 17 2017

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of the State of California
APR 28 2017

1. Committee Information

NAME OF COMMITTEE Committee to elect Susan Jabubowski for City Council, 2017

STREET ADDRESS (NO P.O. BOX) 1248 Roanoke Rd

CITY San Marino, CA STATE CA ZIP CODE 91108 AREA CODE/PHONE (626) 289-7103

MAILING ADDRESS (IF DIFFERENT) _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER Alfred Baugh

STREET ADDRESS (NO P.O. BOX) 1947 Sherwood Rd

CITY San Marino, CA STATE CA ZIP CODE 91108 AREA CODE/PHONE (626) 289-8700

NAME OF ASSISTANT TREASURER, IF ANY _____

STREET ADDRESS (NO P.O. BOX) _____

FAX / E-MAIL ADDRESS susanjuni@aabcglobal.net

COUNTY OF DOMICILE Los Angeles JURISDICTION WHERE COMMITTEE IS ACTIVE San Marino

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 4/13/17 By Alfred Baugh SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 4/12/17 By Susan Junia SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME
Committee to Elect Susan Jakubowski 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	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>Susan Jakubowski</i>	<i>San Marino City Council</i>	<i>2017</i>	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> 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	SUPPORT	OPPOSE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Committee to Elect Susan Jakubowski for City Council

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

to elect Susan Jakubowski 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.