

**Statement of Organization
Recipient Committee**

Statement Type Initial
 Not yet qualified
 or
 Date qualified as committee
 (if amending to provide this date)

Amendment

Termination - See Part 5

Date qualified as committee _____
 (if amending to provide this date)

Date of termination _____

6/25/17

Date Stamp

**CALIFORNIA 410
FORM**

For Official Use Only

RECEIVED

JUL 05 2017

BY: *[Signature]*

2. Treasurer and Other Principal Officers

I.D. Number (if applicable) _____

<p>NAME OF COMMITTEE <i>Committee to Elect Gretchen Shepherd Romney to Council 2017</i></p> <p>STREET ADDRESS (NO P.O. BOX) [Redacted]</p> <p>CITY [Redacted]</p> <p>STATE [Redacted]</p> <p>ZIP CODE [Redacted]</p> <p>AREA CODE/PHONE [Redacted]</p>	<p>NAME OF TREASURER <i>Julia Yip</i></p> <p>STREET ADDRESS (NO P.O. BOX) [Redacted]</p> <p>CITY [Redacted]</p> <p>STATE [Redacted]</p> <p>ZIP CODE [Redacted]</p> <p>AREA CODE/PHONE [Redacted]</p>	<p>NAME OF ASSISTANT TREASURER, IF ANY <i>Evelyn Boss</i></p> <p>STREET ADDRESS (NO P.O. BOX) [Redacted]</p> <p>CITY [Redacted]</p> <p>STATE [Redacted]</p> <p>ZIP CODE [Redacted]</p> <p>AREA CODE/PHONE [Redacted]</p>	<p>E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) <i>gretchenshepherdromneycampaign@gmail.com</i></p> <p>COUNTY OF DOMICILE <i>Los Angeles</i></p> <p>CITY OF SAN MARINO <i>City of San Marino</i></p>
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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	<u>6/25/17</u>	DATE	By	[Redacted Signature]	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>6/25/17</u>	DATE	By	[Redacted Signature]	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent
Executed on	_____	DATE	By	_____	SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Page 2

Committee to Elect Gretchen Shepherd Romay to Council 2017

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION

Citizens Business Bank

AREA CODE/PHONE

626/281-0083

BANK ACCOUNT NUMBER

255009729

ADDRESS

980 Huntington Drive

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."
- 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

Gretchen Shepherd Romay

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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COMMITTEE NAME

Committee to Elect Gretchen Shepherd Roney to Council 2017
(Continued)

4. Type of Committee

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

Elect Gretchen Shepherd Roney to San Marino City Council in 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

AREA CODE/PHONE

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.