

Statement of Organization Recipient Committee

Statement Type Initial Amendment

Not yet qualified or

List I.D. number: # _____

Termination - See Part 5
List I.D. number: # 13188168

Date qualified as committee: _____

Date qualified as committee (if applicable): _____

Date of Termination: 01/07/2015

Date Stamp RECEIVED CITY OF LOS ALAMITOS 2014 JAN -8 PM 3:09	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Hasselbrink for Los Alamitos City Council 2014

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE

Los Alamitos CA 90720

MAILING ADDRESS (IF DIFFERENT)

FAX / EMAIL ADDRESS

COUNTY OF DOMICILE

Orange County

JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Alamitos

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Michele Austin

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE

Los Alamitos CA 90720

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Shelley Hasselbrink

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE

Los Alamitos CA 90720

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

01/07/2015

DATE

Executed on

01/07/2015

DATE

Executed on

DATE

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fpcc.ca.gov (866/775-3772)

www.fpcc.ca.gov

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Hasselbrink for Los Alamitos City Council 2014

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

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, officer, holder, 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.