

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or
 Date qualified as committee

Amendment
Date qualified as committee _____ / _____ / _____

Termination - See Part 5
Date of termination _____ / _____ / _____

**CALIFORNIA 410
FORM**
For Official Use Only

Date Stamp
**RECEIVED
CITY OF LOS ALAMITOS**
2018 FEB -7 PM 1:53

1. Committee Information I.D. Number (if applicable) **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE
Chirco for Los Alamitos City Council 2018

NAME OF TREASURER
Mark Chirco

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
Los Alamitos CA 90720

MAILING ADDRESS (IF DIFFERENT) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
Los Alamitos CA 90720

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) _____

COUNTY OF DOMICILE _____ JURISDICTION WHERE COMMITTEE IS ACTIVE _____
Orange Los Alamitos, California

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
Los Alamitos CA 90720 562/879-9838

NAME OF ASSISTANT TREASURER, IF ANY
N/A

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S) _____
STREET ADDRESS (NO P.O. BOX) _____
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 information contained herein is true and correct.

Executed on 2/2/18 By _____
DATE DATE

Executed on 2/7/18 By _____
DATE DATE

Executed on _____ By _____
DATE DATE

Executed on _____ By _____
DATE DATE

OR ASSISTANT TREASURER

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

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Chirco for Los Alamitos City Council 2018

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

NAME OF FINANCIAL INSTITUTION
AREA CODE/PHONE
BANK ACCOUNT NUMBER
CITY
STATE
ZIP CODE
ADDRESS

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." Stating "No party preference" is acceptable.
- 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	CHECK ONE		PARTY
			Nonpartisan	Partisan (list political party below)	
Mark Chirco	Los Alamitos City Council	2018	<input checked="" type="checkbox"/>	Nonpartisan	Nonpartisan (list political party below)
			<input type="checkbox"/>	Nonpartisan	Partisan (list political party below)

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CHECK ONE	
	SUPPORT	OPPOSE
N/A - not a primarily formed committee		

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

Chirco for Los Alamitos City Council 2018

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 Political Party/Central Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

N/A - not a general purpose committee

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

N/A - not a sponsored committee

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, official holder, or proponent certifies 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.

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