

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1331026

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

RECEIVED
CITY OF LOS ALAMITOS

2013 FEB 21 AM 11:23
 Termination See Part 5
List I.D. number:

1 / 31 / 13

Date of Termination

Date Stamp
RECEIVED
CITY OF LOS ALAMITOS
2013 JAN 31 PM 2:15
FEB 14 2013
RECEIVED AND FILED
For Official Use Only
CALIFORNIA FORM 410
DEBRA BOWEN
Secretary of State
FEB 04 2013

1. Committee Information

NAME OF COMMITTEE

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR
CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)

CITY

LOS ALAMITOS

STATE

CA

ZIP CODE

90720

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

KEN PARKER

STREET ADDRESS (NO P.O. BOX)

CITY

LOS ALAMITOS

STATE

CA

ZIP CODE

90720

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MARLIN CAROON

STREET ADDRESS (NO P.O. BOX)

CITY

LOS ALAMITOS

STATE

CA

ZIP CODE

90720

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

WARREN KUSUMOTO

STREET ADDRESS (NO P.O. BOX)

CITY

LOS ALAMITOS

STATE

CA

ZIP CODE

90720

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge and belief, there is no fraud or perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/2013 By _____
DATE

Executed on _____ By _____
DATE

Executed on 1/31/2013 By _____
DATE

Executed on 1/30/2013 By _____
DATE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

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 "non-partisan."
- 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
GERRI GRAHAM-MEJIA	CITY COUNCIL	2010	<input checked="" type="checkbox"/> Non-Partisan
WARREN KUSUMOTO	CITY COUNCIL	2010	<input checked="" type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION CITY NATIONAL BANK	AREA CODE/PHONE 5 [REDACTED]	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS [REDACTED]	CITY LOS ALAMITOS	STATE ZIP CODE CA 90720

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

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CALIFORNIA FORM 410

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I.D. NUMBER

1331026

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

NEIGHBORS FOR GRAHAM-MEJIA, KUSUMOTO AND SHERIDAN FOR CITY COUNCIL 2010

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, 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.