

LOS Alamitos

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MAY 24 2016
 City Clerk's Office
 City of Los Alamitos
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APR 22 2016
CALIFORNIA 410
FORM
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 For Official Use Only
REGISTRAR OF VOTERS
Deputy

Statement of Organization Recipient Committee

Statement Type Initial or Not yet qualified or Amendment List I.D. number: # 1351579
 Termination - See Part 5 List I.D. number: # _____
 Date qualified as committee (if applicable) 9-13-2014 Date of Termination 1-1-
 Date qualified as committee _____

1. Committee Information

NAME OF COMMITTEE RICHARD D. Murphy For City Council
 STREET ADDRESS (NO P.O. BOX) _____
 CITY Los Alamitos STATE CA ZIP CODE 90710 AREA CODE/PHONE _____
 MAILING ADDRESS (IF DIFFERENT) _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER Richard Murphy
 STREET ADDRESS (NO P.O. BOX) _____
 CITY Los Alamitos STATE CA ZIP CODE 90710 AREA CODE/PHONE _____
 NAME OF ASSISTANT TREASURER, IF ANY _____
 STREET ADDRESS (NO P.O. BOX) _____

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 provided is true and correct.

Executed on 4-15-16 By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 4-15-16 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent