Statement of Organization
Recipient Committee

Statement Type ☐ Initial
☐ Amendment
☐ Termination – See Part 5

Not yet qualified ☐ or

List I.D. number:
# 1351549
# 9182011

Date qualified as committee
Date qualified as committee
Date of Termination

1. Committee Information
NAME OF COMMITTEE
Ricardo M. Murphy for City Council

STREET ADDRESS (NO P.O. BOX)

CITY
LOS ALAMITOS
STATE
CA
ZIP CODE
90720

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Ricardo M. Murphy

STREET ADDRESS (NO P.O. BOX)

CITY
LOS ALAMITOS
STATE
CA
ZIP CODE
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)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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

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