

R30
L
1402473

Statement of Organization
Recipient Committee

Statement Type Initial

Not yet qualified
or

Date qualified as committee

Amendment

Termination - See Part 5 in the

Date of termination

RECEIVED IN THE OFFICE OF THE SECRETARY OF STATE OF CALIFORNIA
 FEB 15 2018 MAR 22 2018
 REGISTERED OF VOTERS
 CALIFORNIA 410 FOR VOTERS
 For OFFICIAL USE ONLY

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

NAME OF COMMITTEE

Chirco for Los Alamitos City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

Los Alamitos

STATE

CA

ZIP CODE

90720

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

STATE

CA

ZIP CODE

90720

CITY

N/A

NAME OF ASSISTANT TREASURER, IF ANY

Los Alamitos

STATE

CA

ZIP CODE

90720

AREA CODE/PHONE

E-MAIL ADDRESS (REQUIRED) (EX. OPTIONAL)

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Alamitos, California

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

By

DATE

2/2/18

ASSISTANT TREASURER

Executed on

By

DATE

2/7/18

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

Executed on

By

DATE

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

Executed on

By

DATE

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

RECEIVED
CITY OF LOS ALAMITOS
FEB 28 AM 11:31

**Parent 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	
			Nonpartisan	Partisan (list political party below)
Mark Chirco	Los Alamitos City Council	2018	<input checked="" type="checkbox"/>	Nonpartisan
			<input type="checkbox"/>	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)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)		CHECK ONE	
	SUPPORT	OPPOSE	SUPPORT	OPPOSE
N/A - not a primarily formed committee				

Clear Page

Print

Statement of Organization
Sponsorship 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 officer/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.

Clear Page

Print