COPY

Statement of Organization
Recipient Committee

Statement Type

[X] Initial
Not yet qualified [X] or

[ ] Amendment
List I.D. number:
#

[ ] Termination – See Part 5
List I.D. number:
#

Date qualified as committee ___/___/___

Date qualified as committee (If applicable) ___/___/___

Date of Termination ___/___/___

Date Stamp

CALIFORNIA FORM 410

For Official Use Only

2015 AUG 18 AM 8:43

CITY OF WEST COVINA
CITY CLERK'S OFFICE

1. Committee Information

NAME OF COMMITTEE
Brian Gutierrez for West Covina City Council 2015

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd., Ste. 685

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Long Beach, CA 90802

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
DGould@GouldOrellana.com

COUNTY OF DOMICILE: Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE: West Covina

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Gould

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd., Ste. 685

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Long Beach, CA 90802 | 213-489-4792

NAME OF ASSISTANT TREASURER, IF ANY
Brian Gutierrez

STREET ADDRESS (NO P.O. BOX)
249 E. Ocean Blvd., Ste. 685

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Long Beach, CA 90802 | 213-489-4792

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 California that the foregoing is true and correct.

Executed on 07/21/2015 (DATE) By _____ (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on 07/21/2015 (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT)

Statement of Organization
Recipient Committee

NSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Brian Gutierrez for West Covina City Council 2015

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
California Bank & Trust	213-228-1700	No Bank Account Yet

ADDRESS	CITY	STATE	ZIP CODE
550 S. Hope St., #100	Los Angeles	CA	90071

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."
- 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
Brian Gutierrez	City Council Member	2015	[X] Nonpartisan
			[ ] Nonpartisan

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	CHECK ONE: OPPOSE
		[ ]	[ ]
		[ ]	[ ]

Statement of Organization
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NSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410

COMMITTEE NAME
Brian Gutierrez for West Covina City Council 2015

I.D. NUMBER

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.