		and the second	
Statement of Organization Recipient Committee Statement Type Minifial		Date Stamp RECEIVED	410
Statement Type Sinitial Amendment I To	ermination – See Part 5	2018 JUL 26 PM 1: 24	Dnly
or//	//ate of termination	CITY OF WEST CAVERA CITY CLERK'S OFFICE	
1. Committee Information (if applicable)	2. Treasurer an	nd Other Principal Officers	
	NAME OF TREASURER	1134 × P.1	
Robert William Robinson	Nobert	William Robinson	
STREET ADDRESS (NO P.O. BOX)		EA C	ODE/PHONE
CITY STATE ZIP CODE AREA CODE/PHONE			
Mast Canna CA	STREET ADDRESS (NO P.O. BO		
Manuar and State of S			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)	CITY	STATE ZIP CODE AREA C	ODE/PHONE
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER	R(\$)	
Los Angeles City of West Course	STREET ADDRESS (NO P.O. BO	· ·	
* *	51NEET ADDRESS (NO 1.0. BO		
Attach additional information on appropriately labeled continuation sheets.	CITY	STATE ZIP CODE AREA C	CODE/PHONE
3. Verification I have used all reasonable diligence in preparing this statement and to the best of	of my knowledge the inform	mation contained herein is true and complete. L certify	under
penalty of perjury under the laws of the	ing knowledge the mon.	mation complete. Teering	unuer
Executed on Alela 27 Devil 1		•	
Executed on Julia 27. 2018			
U DATE "	LING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT	
Executed on DATE By SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STA	ATE MEASURE PROPONENT	
Executed on By			
DATE SIGNATURE OF CONTRO	LING OFFICEHOLDER, CANDIDATE, OR ST.	FPPC Form 410 (
		FPPC Advice: advice@fppc.ca.gov (506/2/5-3772)

www.fppc.ca.gov

Statement of Organization Recipient Committee	CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE	Page 2
COMMITTEE NAME Reachiel for Mest Courne 2418	I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION			BANK ACCOUNT NUM	1BER	
J. A. Morene	, Chase MA				
ADDRESS D		CITY	STATE	ZIP CODE	
		Colambers	- S.F.		
4. Type of Committee Co	omplete the applicable sections.		문화 한 것 같아요. 중 것 아랍니? 한		

Controlled Committee

Primarily Formed Committee

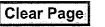
- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate 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	PARTY CHECK ONE	
Robert Williamin	Robman	City cancilment ded baz	2418	Nonpartisan	Partisan (list political party below)
	-			Nonpartisan	Partisan (list political party below)

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
Robert William Robinson	West Coningt, District 2	SUPPORT	OPPOSE
· ·	· · · · · · · · · · · · · · · · · · ·	SUPPORT	OPPOSE

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Statement of Organization Recipient Committee	CALIFORNIA FORM 410
INSTRUCTIONS ON REVERSE	Page 3
COMMITTEE NAME	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. Ch	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY Fund about ing charging of for and idulte "37/1 Poloinson	for Nov 2018 city electron
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR	
Fore	
Small Contributor Committee	
5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponen	t 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 obligatio	ns;
This committee has no surplus funds; and	
• This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transac	tions.
 There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office a Code Section 89519. 	and by defeated candidates. Refer to Government
 Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under subject to Elections Code Section 18680 and FPPC Regulation 18521.5. 	r Government Code Sections 89511 - 89518, and are

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