

**Statement of Organization
Recipient Committee**

Statement Type Initial

Not yet qualified
or
 Date qualified as committee

____/____/____ Date qualified as committee

Amendment

Termination - See Part 5

____/____/____ Date of termination

Date Stamp

City of Oroville
AUG 10 2018
Administration

CALIFORNIA 410
FORM

For Official Use Only

2. Treasurer and Other Principal Officers

1. Committee Information
(if applicable)

NAME OF COMMITTEE

Smith for City Council 2018
STREET ADDRESS (NO P.O. BOX)
28 Rockridge Rd
CITY Oroville STATE CA ZIP CODE 95966 AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE
Butte County JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Oroville

NAME OF TREASURER

Tammy Smith
STREET ADDRESS (NO P.O. BOX)
28 Rockridge Rd
CITY Oroville STATE CA ZIP CODE 95966 AREA CODE/PHONE 707-290-1170
NAME OF ASSISTANT TREASURER, IF ANY
Eric Smith
STREET ADDRESS (NO P.O. BOX)
28 Rockridge Rd
CITY Oroville STATE CA ZIP CODE 95966 AREA CODE/PHONE 530-395-2863

NAME OF PRINCIPAL OFFICER(S)

Eric Smith
STREET ADDRESS (NO P.O. BOX)
28 Rockridge Rd.
CITY Oroville STATE CA ZIP CODE 95966 AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

B. 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	_____	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
	DATE			
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent
	DATE			

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Smith for 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

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

AREA CODE/PHONE

Small Contributor Committee

Date qualified

5. Termination Requirements

By signing this verification, the treasurer, assistant treasurer, and/or candidate, officeholder, or proprietor 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

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME Smith for City Council 2018

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

NAME OF FINANCIAL INSTITUTION US Bank AREA CODE/PHONE 530-533-9000 BANK ACCOUNT NUMBER _____

ADDRESS 2111 Oro Dam Blvd E. Oroville CITY Oroville STATE CA ZIP CODE 95966

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	PARTY	CHECK ONE	
				Nonpartisan	Partisan (list political party below)
<u>Eric Smith</u>	<u>City Council</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>