

Statement of Organization Recipient Committee

R 33 1383038
L

Statement Type Initial Amendment
Not yet qualified or

01 / 29 / 2016
Date qualified as committee

List I.D. number: # _____
Date qualified as committee (If applicable) _____

RECEIVED
Termination - See Part 5
List I.D. number: 16 MAR -2 PM 2: 57

REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE
Date of Termination _____

Returned: 12-10-2016

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State of the State of California
FEB 08 2016

CALIFORNIA FORM 410
For Official Use Only
RECEIVED AND FILED
in the office of the Secretary of State of the State of California
FEB 18 2016
R/S

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Committee to Elect Brian Lowell For City Council, District 3 2016

NAME OF TREASURER
Michael Geller

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92507 [REDACTED]

STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92507 [REDACTED]

MAILING ADDRESS (IF DIFFERENT)
Same
FAX / E-MAIL ADDRESS
Fax: [REDACTED] Email: [REDACTED]
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Riverside County County of Riverside, CA

NAME OF ASSISTANT TREASURER, IF ANY
[REDACTED]
STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92507 [REDACTED]

NAME OF PRINCIPAL OFFICER(S)
Carlos Ramirez
STREET ADDRESS (NO P.O. BOX)
[REDACTED]
CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92507 [REDACTED]

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 information provided is true and complete.

Executed on 2/4/16 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on 2/4/16 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

I.D. NUMBER

Committee to Elect Brian Lowell For City Council, District 3

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

NAME OF FINANCIAL INSTITUTION Altura Credit Union	AREA CODE/PHONE (888)696-2724	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 23540 Cactus Avenue	CITY Moreno Valley	STATE ZIP CODE CA 92553

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 R. Lowell	Moreno Valley, City Council, District 3	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> 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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization

Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

I.D. NUMBER

COMMITTEE NAME

Committee to Elect Brian Lowell For City Council, District 3



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.