Statement of Organization
Recipient Committee

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1300958

Type or print in ink

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

For Official Use Only

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
DEC 08 2011
DEBRA BOWEN
Secretary of State

Statement Type

☐ **Initial**
Not yet qualified ☐ or
___/___/___
Date qualified as committee

☒ **Amendment**
List I.D. number:
1300958
08/19/2007
Date qualified as committee (If applicable)

☐ **Termination – See Part 5**
List I.D. number:
#
___/___/___
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Californians for the Support of Early Education PAC (CSEE PAC)

STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Sacramento, CA 95814

MAILING ADDRESS (IF DIFFERENT)
Sacramento, CA 95815

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE
Alameda

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
David Koenig

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Sacramento, CA 95814 (818) 445-7565

NAME OF ASSISTANT TREASURER, IF ANY
Shawnda Deane

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Sacramento, CA 95815 (916) 285-5733

NAME OF PRINCIPAL OFFICER(S)
John Harris, President

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE
Culver City, CA 90230 916-284-0124

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 12/7/11 (DATE) By Shawnda Deane (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

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)

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

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Californians for the Support of Early Education PAC (CSEE PAC)

I.D. NUMBER
1300958

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 "non-partisan."
- 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
			☐ Non-Partisan
			☐ Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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
		SUPPORT	OPPOSE

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Californians for the Support of Early Education PAC (CSEE PAC)

I.D. NUMBER
1300958

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
supports candidates who support quality early education for all California children.

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
Californians for the Support of Early Education	Education

STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
		Bakersfield,	CA	93301

Small Contributor Committee ☐ ____/____/____ Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

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.

-- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.