

Statement of Organization Recipient Committee

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Type or print in ink

1342946

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

1342946
12/02/2011

Date qualified as committee

Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 09 2011

DEBRA BOWEN
Secretary of State
1/3

CALIFORNIA FORM 410

For Official Use only

1. Committee Information

NAME OF COMMITTEE

Elliott for Supervisor 2012

STREET ADDRESS (NO P. O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95377-6689	209-834-5297

Mailing address (if different)

OPTIONAL: FAX/E-MAIL ADDRESS

elliotttrv10@gmail.com

COUNTY OF DOMICILE

San Joaquin

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Same

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Mrs. Mary B. Park

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95304-5807	209-814-0144

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95377	209-814-0494

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Elliott for Supervisor 2012

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	CA	95377	209-814-0494

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 12/05/2011
DATE

By Mrs. Mary B. Park
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/05/2011
DATE

By Hon. Robert V. Elliott
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

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Elliott for Supervisor 2012

I.D. NUMBER

1342946

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
Robert V. Elliott	District: 5 SJ BOARD OF SUPRES	2012	<input checked="" type="checkbox"/> Non-Partisan
	District:		<input type="checkbox"/> 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	
Bank of America	2098368520		
ADDRESS	CITY	STATE	ZIPCODE
	Tracy	CA	95376

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 (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Ballot:	District:	SUPPORT	OPPOSE
Ballot:	District:	SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

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INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Elliott for Supervisor 2012

I.D. NUMBER

1342946

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

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 expenditure 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.