

Statement of Organization Recipient Committee

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981345

Type or print in ink

STATEMENT OF ORGANIZATION

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

DEC 09 2011

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 410

For Official Use Only

Statement Type Initial Amendment
 Not yet qualified or List I.D. number: # 981345
 Date qualified as committee 01/01/1998 Date qualified as committee (if applicable)

Termination - See Part 5
 List I.D. number: # _____
 Date of Termination _____

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
Irvine City Employees Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Novato, CA</u>	<u>94949</u>	<u>5731</u>	<u>415-884-5500</u>

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
415-884-5501

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
<u>Marin</u>	<u>Orange</u>

NAME OF TREASURER
Dennis Ruvolo

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Novato, CA</u>	<u>94949</u>	<u>5731</u>	<u>415-884-5500</u>

NAME OF ASSISTANT TREASURER, IF ANY
Nancy L. Warren

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Novato, CA</u>	<u>94949</u>	<u>5731</u>	<u>415-884-5500</u>

NAME OF PRINCIPAL OFFICER(S)
Dennis Ruvolo

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Novato, CA</u>	<u>94949</u>		<u>949-305-9944</u>

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 foregoing is true and correct.

Executed on 10/25/11 DATE

Executed on _____ DATE

Executed on _____ DATE

Executed on _____ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

2 of 3

COMMITTEE NAME
Irvine City Employees Association Political Action Committee

I.D. NUMBER
981345

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
			<input type="checkbox"/> Non-Partisan
			<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

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

Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION CALIFORNIA FORM 410
3 of 3

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Irvine City Employees Association Political Action Committee

I.D. NUMBER
981345

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

Support and oppose candidates & measures of interest to City of Irvine Employees

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

Irvine City Employee Association

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

City employee association

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Novato, CA 94949-5731

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.