Statement of Organization
Recipient Committee

R C 10 Type or print in ink 1334396

RECEIVED [redacted] in the office of the Secretary of State of the State of California

NOV 22 2011

DEBRA BOWEN
Secretary of State

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

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

DEC 13 2011

DEBRA BOWEN
Secretary of State

Statement Type

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

☐ Amendment
List I.D. number:
#
___/___/___
Date qualified as committee (If applicable)

☒ Termination – See Part 5
List I.D. number:
1334396
12/12/11
Date of Termination

1. Committee Information

NAME OF COMMITTEE
FRIENDS OF MIKE VILLINES FOR INSURANCE COMMISSIONER 2014

STREET ADDRESS (NO P.O. BOX)
504 VAN NESS AVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559-266-3453

MAILING ADDRESS (IF DIFFERENT)
FRESNO, CA 93709

OPTIONAL: FAX / E-MAIL ADDRESS
559-266-3400

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
FRESNO	STATEWIDE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RICHARD M. EGAN

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93721	559-266-3453

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 11-14-11 12-12-11 (DATE) By [signature] [signature]
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11-14-11 12-12-11 (DATE) By [signature] [signature]
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

STATEMENT OF ORGANIZATION
CALIFORNIA FORM 410

COMMITTEE NAME
FRIENDS OF MIKE VILLINES FOR INSURANCE COMMISSIONER 2014

I.D. NUMBER
1334396

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
Michael N. Villines	Sought : Insurance Commissioner Statewide	2014	☐ Non-Partisan Republican Party
			☐ 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
Security First Bank	559-225-1700	

ADDRESS	CITY	STATE	ZIP CODE
	Fresno	CA	93711

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

DirectFile

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INSTRUCTIONS ON REVERSE

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CALIFORNIA FORM 410

COMMITTEE NAME
FRIENDS OF MIKE VILLINES FOR INSURANCE COMMISSIONER 2014

I.D. NUMBER
1334396

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.

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