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STATEMENT OF ORGANIZATI

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 14 2011

DEBRA BOWEN
Secretary of State

tement Type

◯ Initial
Not yet qualified ◯ or

Date qualified as committee

● Amendment
List I.D. number
1302109
10/12/2007
Date qualified as committee

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

. Committee Information

COMMITTTEE/FILER'S NAME
Committee to Elect Andrew Weissman to Culver City Council 2012

STREET ADDRESS (NO PO BOX)

CITY: Culver City
STATE: CA
ZIP CODE: 90232
AREA CODE/PHONE: 310/839-5217

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE: Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Dan Gallagher

STREET ADDRESS

CITY: Culver City
STATE: CA
ZIP CODE: 90230
AREA CODE/PHONE: 310/398-4432

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

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

STREET ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

3. Verification

I have used all reasonalbe diligence in preparing and reviewing 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 12/12/2011 By [signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/12/2011 By [signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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I.D. NUMBER
1302109

TTEE NAME
Committee to Elect Andrew Weissman

Type of Committee

ontrolled 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 wich each officeholder or candidate is affiliated or check "non-partisan".

If this committee acts jointly with another controlled committee, list the name and identification 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
r. Andrew Weissman	Culver City	NONE	● 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 NO.	BANK ACCOUNT NUMBER
US Bank	310/391-7222	

ADDRESS	CITY	STATE	ZIP CODE
	Culver City	CA	90230

Primarily Formed Committee

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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I.D. NUMBER
1302109

MITTEE NAME
Committee to Elect Andrew Weissman

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election.

◯ **CITY Committee** ◯ **COUNTY Committee** ◯ **STATE Committee**

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

ADDRESS

CITY

STATE

ZIP CODE

Small Contributor Committee ◯ _____ Date qualified

Date this committee qualified as a small contributor committee

5. Termination Requirements

By sigining the verification, the treasurer, assistant treasurer and/or candidate, officholder, 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 recieved, 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 disposal 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 Electins Code Secion 18680 and FPPC Regulation 18521.5.