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Statement of Organization Recipient Committee

Statement Type [ ] Initial Not yet qualified [x] or

1397760

[ ] Amendment List I.D. number: # / / / # / / /

[ ] Termination - See Part 5 List I.D. number: # / / /

Date qualified as committee (if applicable) / / /

Date of Termination / / /

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

JUL 21 2017

CALIFORNIA FORM 410



2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

NAME OF TREASURER

Committee to Elect David Ellis to Banning City Council Nov. 2018

Ruth Ellis

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

324 Meadowlark Lane

324 Meadowlark Lane

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

Banning

ca 92220 (951)849-2991

CA 92220 (951)849-2991

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

Post Office Box 1236

FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)

ellisco@hotmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY

STATE

AREA CODE/PHONE

Riverside

Banning

NAME OF PRINCIPAL OFFICER(S)

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 penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/14/2017

By Ruth Ellis

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/14/2017

By David Ellis

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

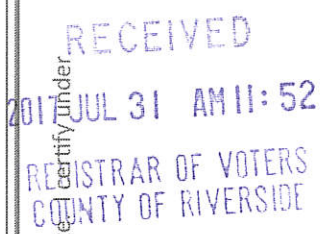
By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

By

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent



**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 2

I.D. NUMBER

COMMITTEE NAME

**Committee to Elect David Ellis to Banning City Council Nov. 2018**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS

CITY

STATE

ZIP CODE

**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 "nonpartisan."
- 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
David Ellis	Banning City Council District 5	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**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)

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CHECK ONE	
	SUPPORT	OPPOSE
David Ellis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Banning City Council District 5	<input type="checkbox"/>	<input type="checkbox"/>