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COPY

Statement of Organization Recipient Committee

Statement Type

Initial
 Not yet qualified

Date qualified as committee
or
 Date qualified as committee

Amendment
 Termination - See Part 5

Date of termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
FEB 09 2018

CALIFORNIA 410
FORM
For Official Use Only
FEB 26 2018

BY *City Clerk's Office*

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE
Committee To Elect Colleen Wallace City Council 2018

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Colleen Wallace

STREET ADDRESS (NO P.O. BOX)
1337 Vista Serena Ave
CITY
Banning

STATE
CA

ZIP CODE
92220

AREA CODE/PHONE
909-890-8474

STREET ADDRESS (NO P.O. BOX)
1337 Vista Serena Ave
CITY
Banning

STATE
CA

ZIP CODE
92220

AREA CODE/PHONE
909-890-8474

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
harobed1170@yahoo.com

COUNTY OF DOMICILE
Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE
City of Banning

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 2/5/18 By *Colleen Wallace* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/5/18 By *Deborah Dukes* SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

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COUNTY OF RIVERSIDE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

I.D. NUMBER

COMMITTEE NAME
COMMITTEE TO ELECT COLLEEN WALLACE CITY COUNCIL 2018

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

NAME OF FINANCIAL INSTITUTION PENDING	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." Stating "No party preference" is acceptable.
- 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	CHECK ONE	PARTY
COLLEEN GAIL WALLACE	CITY COUNCIL DISTRICT 5	2015	Nonpartisan <input checked="" type="checkbox"/>	Partisan (list political party below) Nonpartisan
			Partisan (list political party below)	

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)
IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

	CHECK ONE
	SUPPORT
	OPPOSE
	SUPPORT
	OPPOSE

Clear Page

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Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

COMMITTEE TO ELECT COLLEEN WALLACE CITY COUNCIL 2018

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 Political Party/Central 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

AREA CODE/PHONE

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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