

**Statement of Organization  
Recipient Committee**

Statement Type  Initial

Not yet qualified

Date qualified as committee

Amendment

Termination - See Part 5

Date qualified as committee \_\_\_\_\_  
Date of termination \_\_\_\_\_



**CALIFORNIA 410  
FORM**

For Official Use Only

**1. Committee Information**

I.D. Number  
(if applicable)

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE  
**FRIENDS TO ELECT PATRICK "CORBY" IRWIN**

NAME OF TREASURER  
**PATRICK IRWIN**

STREET ADDRESS (NO P.O. BOX)

STREET ADDRESS (NO P.O. BOX)

**123 SUMMIT**

**123 SUMMIT DR**

CITY

CITY

**BANNING**

**BANNING**

STATE

STATE

**CA**

**CA**

ZIP CODE

AREA CODE/PHONE

**92220**

**909-936-0611**

MAILING ADDRESS (IF DIFFERENT)

NAME OF ASSISTANT TREASURER, IF ANY

**CORBYWHD@GMAIL.COM**

**KAWRA IRWIN**

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

STREET ADDRESS (NO P.O. BOX)

**123 SUMMIT DR**

CITY

**BANNING**

STATE

**CA**

ZIP CODE

**92220**

AREA CODE/PHONE

**951-849-3561**

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

**RIVERSIDE**

**BANNING DIST 5**

STREET ADDRESS (NO P.O. BOX)

**1864 W. GEORGE**

CITY

**BANNING**

STATE

**CA**

ZIP CODE

**92220**

AREA CODE/PHONE

**909-239-5599**

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

**9-4-18**

By

*[Signature]*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

**9-4-18**

By

*[Signature]*

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT



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Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME  
**FRIENDS TO ELECT PATRICK "CORY" IRWIN**

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

NAME OF FINANCIAL INSTITUTION <b>BANK OF AMERICA</b>	AREA CODE/PHONE <b>951-769-0514</b>	BANK ACCOUNT NUMBER
ADDRESS <b>1672 E. 2ND ST.</b>	CITY <b>BEAUMONT</b>	STATE <b>CA</b>
	ZIP CODE <b>92223</b>	

**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
			Nonpartisan	Partisan	(list political party below)
<b>PATRICK "CORY" IRWIN</b>	<b>CITY COUNCIL</b>	<b>2018</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	(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
<b>PATRICK IRWIN</b>	<b>Banning Council Dist 5</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>



# Statement of Organization Recipient Committee

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COMMITTEE NAME

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I.D. NUMBER

## 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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