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Newport Beach

1384405

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5

Not yet qualified or

List I.D. number: # _____

Date qualified as committee: 03/15/2016

Date qualified as committee (if applicable): _____

Date of Termination: _____

Date Stamp

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

MAR 28 2016

CALIFORNIA FORM 410
For Official Use Only

APR 01 2016

REGISTRAR OF VOTERS
By _____ Deputy

1. Committee Information

NAME OF COMMITTEE
Phil Greer for City Council 2016

STREET ADDRESS (NO P.O. BOX)
1300 Bristol Street North, Suite 100

CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92660 (530)934-5823

MAILING ADDRESS (IF DIFFERENT)
PO Box 984, Willows, CA 95988

FAX / E-MAIL ADDRESS
Phil@PhilGreer2016.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Kelly Lawler

STREET ADDRESS (NO P.O. BOX)
976 Pacific Avenue

CITY STATE ZIP CODE AREA CODE/PHONE
Willows, CA 95988 (530)934-5823

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

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 3/24/16 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/15/16 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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

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

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COMMITTEE NAME

Phil Greer for City Council 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Tri Countie Bank	AREA CODE/PHONE (530)934-2191	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 210 N Tehama	CITY Willows	STATE CA	ZIP CODE 95988

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
Phillip Barry Greer	Newport Beach City Council #07	2016	<input 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)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME
Phil Greer for City Council 2016

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.