Statement of Organization Recipient Committee			Type or print in ink				1	Date	Stamp		CALIFORNIA AAA			
	atement Type	☐ Initial Not yet qualified ☐ or Date qualified as cor	nmittee	Amendment Liet I.D. number: #		# 1344 12	number:	- See Pa	4	RECE 013 JAN 31 Y GLERK # # 9 SEVII	PH 2	() 2: 04	FORM For Official U	se Only
1.	Committee	Information				2	2. Trea	surer a	nd Oth	er Princip	al Off	icers		
	NAME OF COMMITTEE							F TREASU	RER					***************************************
	Friends of Scott Alvord for Council 2012							Alvord						
							STREET	ADDRESS	(NO P.O. BC	X)				
	STREET ADDRESS (NO PO BOX)					CITY		الكاس		STATE	ZIP CO	05 185	
	OTTLET FROM (110 1.0. 2019					Rose	illo			CA	95747	DE AREA	CODE/PHO
1									IT TREASU	RER IF ANY	- CA	90141		
	CITY		STATE	ZIP CODE	AREA CODE/PH	IONE	var unit o	. , , , , , , , , , , , , , , , , , , ,						
	Roseville		CA	95747			STREET	ADDRESS (NO P.O. BO	X)	·····			
	MAILING ADDRESS	(IF DIFFERENT)											•	
							CITY				STATE	ZIP CO	DE AREA	CODE/PHO
	OPTIONAL: FAX/E	-MAIL ADDRESS												
								F PRINCIPA	L OFFICER	(S)				
	COUNTY OF DOMICILE COUNTY WHEN			RE COMMITTEE IS ACTIVE IF DIFFERENT				Alvord						**********
	THAN COUNTY OF DOMICILE						STREET	ADDRESS ((NO P.O. BC)X)				
	Placer						CITY			·	STATE	ZIP CO	NOE AREA	CODE/PHC
	Attach additional information on appropriately labeled continuation sheets.						Rose	ville				95747		
							1,036	VIIIC			<u> </u>	33141		-10
3.	perjury under the	easonable diligence in laws of the State of DATE					ledge the	informatio		ned herein is to	3		i certify under p	enalty of
	Executed on						SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT							
	Executed on			Ву										
		DATE					SIGNATUR	E OF CONTR	OLLING OFFI	CEHOLDER, CANDI	DATE, OR S	ATE MEASUR	E PROPONENT	

Statement of Organization		STATEMENT OF ORGANIZATION			
Recipient Committee		CALIFORNIA 410 FORM			
INSTRUCTIONS ON REVERSE					
COMMITTEE NAME				I.D. NUMBER	
Friends of Scott Alvord for Council 2012				1344529	
4. Type of Committee Complete the applicable sections.					
Controlled Committee					
 List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election. 	measure proponent. If candidate	or officeholder controlled	, also list the elective o	ffice sought or held, and	
List the political party with which each officeholder or candidate it.	s affiliated or check "non-partisan."				
If this committee acts jointly with another controlled committee, li	st the name and identification numb	per of the other controlled	committee.		
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOL (INCLUDE DISTRICT NUMB		YEAR OF ELECTION	PARTY	
Scott Alvord	City Council		2012	☑ Non-Partisan	
			, , , , , , , , , , , , , , , , , , , ,	☐ Non-Partisan	
List the financial institution where the campaign bank account is limited.	ocated (controlled "candidate electi	on" committees only)			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUN	TNUMBER		
First Bank	800-760-2265	94169172	96		
ADDRESS	CITY	STATE	ZIP CODE		
201 Vernon St.	Roseville	CA	95678		
Primarily Formed Committee Primarily formed to support or oppos	e specific candidates or measures in a	single election. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. C		FFICE SOUGHT OR HELD OR		N	
CANDIDATE(9) NAME OR MEASURE(5) FULL TITLE (INCLUDE BALLOT NO. C	(INCLUDE	DISTRICT NO., CITY OR COUN	NTY, AS APPLICABLE)	CHECK ONE SUPPORT OPPOSE	

SUPPORT

OPPOSE

Statement of Organization Recipient Committee

CALIFORNIA 410
FORM

INSTRUCTIONS ON REVERSE	Page 3							
	I.D. NUMBER							
Friends of Scott Alvord for Council 2012	1344529							
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								

- 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.