

**Statement of Organization  
Recipient Committee**

Statement Type  Initial

Not yet qualified

or

Date qualified as committee

Amendment

Termination - See Part 5

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of termination

For Official Use Only

Date Stamp  
**City of Oroville**

**AUG 10 2018**

**Administration**

**CALIFORNIA 410  
FORM**

**1. Committee Information**

**I.D. Number  
(if applicable)**

**2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE

Richard Gabriel Jr for city council

NAME OF TREASURER

Richard Gabriel Jr

STREET ADDRESS (NO P.O. BOX)

71 evenswood circle

STREET ADDRESS (NO P.O. BOX)

71-evenswoodcir

STATE

CA

STATE

CA

ZIP CODE

95965

ZIP CODE

530-282-3305

AREA CODE/PHONE

530-282-3305

AREA CODE/PHONE

530-282-3305

CITY

Oroville

NAME OF ASSISTANT TREASURER, IF ANY

Oroville

MAILING ADDRESS (IF DIFFERENT)

richygabriel@live.com

STREET ADDRESS (NO P.O. BOX)

Oroville

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

richygabriel@live.com

CITY

Oroville

STATE

CA

ZIP CODE

95965

AREA CODE/PHONE

530-282-3305

COUNTY OF DOMICILE

Butte county

NAME OF PRINCIPAL OFFICER(S)

Richard Gabriel Jr

STATE

CA

ZIP CODE

95965

AREA CODE/PHONE

530-282-3305

STREET ADDRESS (NO P.O. BOX)

Butte county District 1

STREET ADDRESS (NO P.O. BOX)

Butte county District 1

STATE

CA

ZIP CODE

95965

AREA CODE/PHONE

530-282-3305

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 8/9/18 BY \_\_\_\_\_

Executed on \_\_\_\_\_ BY \_\_\_\_\_

Executed on \_\_\_\_\_ BY \_\_\_\_\_

Executed on \_\_\_\_\_ BY \_\_\_\_\_

SIGNATURE OF TREASURER, JR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME  
*Richard Gabriel Jr for city council*

I.D. NUMBER

- 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." 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	
<i>Richard Gabriel Jr</i>	<i>city council</i>	<i>2018</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(list political party below)
			<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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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I.D. NUMBER

COMMITTEE NAME

Richard Gabriel Jr for City Council

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 certifies 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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