



1401634

Statement of Organization Recipient Committee

Statement Type: [X] Initial, [] Amendment, [] Termination - See Part 5. Date qualified as committee: / / Date of termination: / /

RECEIVED AND FILE CALIFORNIA FORM 410. In the office of the Secretary of State of the State of California. JAN 24 2018. Hand Delivered, Sacramento. CANDACE J. CHAPPEL, BUTTE CO. CLERK DEPUTY.

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE: CITIZENS FOR A BETTER OROVILLE. STREET ADDRESS: OROVILLE. CITY: OROVILLE. STATE: CA. ZIP CODE: 95966. AREA CODE/PHONE: 530-589-1178. MAILING ADDRESS: PO BOX 526 OROVILLE CA 95965-0526. E-MAIL ADDRESS: C4ABD.GROUP@GMAIL.COM. COUNTY OF DOMICILE: BUTTE. JURISDICTION WHERE COMMITTEE IS ACTIVE: BUTTE.

NAME OF TREASURER: PAMELA LETS. STREET ADDRESS: OROVILLE. CITY: OROVILLE. STATE: CA. ZIP CODE: 95966. AREA CODE/PHONE: 530-589-1178. NAME OF ASSISTANT TREASURER, IF ANY: []. NAME OF PRINCIPAL OFFICER(S): PAMELA LETS. CITY: OROVILLE. STATE: CA. ZIP CODE: 95966. AREA CODE/PHONE: 530-589-1178.

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 January 23, 2018 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER. Executed on [] By [] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT.

City of Oroville AUG - 2 2018 Administration

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COMMITTEE NAME

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	PARTY	
			CHECK ONE	
			Nonpartisan	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

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I.D. NUMBER

COMMITTEE NAME

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

TO SUPPORT ISSUES AND/OR CANDIDATES WHO PROMOTE A BETTER OROVILLE SAFER

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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