

1378791

Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified or

R19

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

07 / 20 / 2015

Date qualified as committee

_____/_____/____/

Date qualified as committee (if applicable)

_____/_____/____/

Date of Termination

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

JUL 27 2015

CALIFORNIA FORM 410

For Official Use Only

R/CP

1. Committee Information

NAME OF COMMITTEE

Committee to Support Outstanding WVUSD Schools

STREET ADDRESS (NO P.O. BOX)

20687 Amar Road #6

CITY STATE ZIP CODE AREA CODE/PHONE

Walnut CA 91789 (909)261-3718

MAILING ADDRESS (IF DIFFERENT)

20687 Amar Road Ste 2-819, Walnut, CA 91789

FAX / E-MAIL ADDRESS

WHOSMSNG@EARTHLINK.NET

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

Walnut Valley Unified School District

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Rowena Joe

STREET ADDRESS (NO P.O. BOX)

20687 Amar Road #6

CITY STATE ZIP CODE AREA CODE/PHONE

Walnut CA 91789 (909)261-3718

NAME OF ASSISTANT TREASURER, IF ANY

None

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Lily Eibert

STREET ADDRESS (NO P.O. BOX)

21830 E. Oakwood Way

CITY STATE ZIP CODE AREA CODE/PHONE

Walnut CA 91789 (310)430-1370

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 07/22/2015

DATE

By _____

Rowena Joe

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/22/2015

DATE

By _____

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 07/22/2015

DATE

By _____

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 07/22/2015

DATE

By _____

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Committee to Support Outstanding WVUSD Schools

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION Bank of America	AREA CODE/PHONE (909)978-3291	BANK ACCOUNT NUMBER 325051221034	
ADDRESS 1196 S. Diamond Bar Blvd	CITY Diamond Bar	STATE CA	ZIP CODE 91765

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
			<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	
Walnut Valley Local School Improvement Measure	Walnut Valley Unified School District	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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Recipient Committee**

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COMMITTEE NAME

Committee to Support Outstanding WVUSD Schools

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

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.