atement of Or cipient Comr	ganization nittee	Type or print in ink		Date Stamp	CALIFORNIA 10
ement Type	☐ Initial  Not yet qualified ☐ or	X Amendment List I.D. number: # 1385277	☐ Termination - See Part 5 List I.D. number.	CTTV 65 Si	For Official Use only
		03/11/2016			
	Date qualified as committee	Date qualified as committee (If applicable)	Date of Termination	1/3	
Committee Infi	ormation			her Principal Officers	
NAME OF COMMITTEE			- 4		
Cameron Smyth For	· City Council 2016		7 1 1 1 1 1 1 1		
STREET ADDRESS (NO P. O	BOX)				
			-1-		1
			<i>a</i> 1		
			•		
	6		-1		1
COUNTY OF DOMICILE	COUNTY WHERE C	OMMITTEE IS ACTIVE IF DIFFERENT DOMICILE	-1		1
	Santa Clarita				
Attach additional informati	on on appropriately labeled continuatio	n sheets.			
	Statement of Or Recipient Comr Statement Type  1. Committee Information Smyth For Committee Information Smyth For Committee Information Street Additional Information Attach additional Information Recipies 1 (1) Street Additional Information Recipies 1 (1) Statement Type  Country OF Domicile 1 (1) Statement Type  Attach additional Information Recipies 1 (1) Statement Type  Attach additional Information Recipies 1 (1) Statement Type  Committee Information Recipies 1 (1) Statement Type  Attach additional Information Recipies 1 (1) Statement Type  Country OF Domicile 2 (1) Statement Type  Country OF Domici	Committee  Initial Not yet qualified as  Date qualified as  The Information  INTITEE  SS (NO P. O. BOX)  SS (NO P. O. BOX)  SS (NO P. O. BOX)  All Information on appropriately is	or # 1385.  # 1385.  Date qu  Date qu  OUNTY WHERE COMMITTEE IS ACTHAN COUNTY OF DOMICILE  Santa Clarita	Type or print in ink    C	Type or print in ink    C   C   Y   Amendment

### Statement of Organization Recipient Committee

CALIFORNIA 410
FORM

Cameron Smyth For City Council 2016 COMMITTEE NAME INSTRUCTIONS ON REVERSE I.D. NUMBER 1385277

-
~
×
W
0
$\Rightarrow$
$-\mathbf{C}$
0
Š
$\supset$
3
=
7
ᄍ
×
V
႙
Implete the
implete the ap
apg
apg
apg
apg
applical
applicable:
applicable:
applicable section
applicable:

### 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 "non-partisan.
- 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	
Mr. Cameron Smyth	Sought: City Council MembeSanta Clarita City Council City Santa Clarita District:	2016	X Non-Partisan	
			Non-Partisan	
	District:			
List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)	located (controlled "candidate election" committees only)			
AME OF FINANCIAL INSTITUTION	AREA CODE/PHONE BANK	BANK ACCOUNT NUMBER		
ri Counties Bank	530-934-2191 0770	077025352		
DDRESS	CITY STATE	ZIPCODE	DE.	
	Willows CA	9598	95988-2834	
Primarily Formed Committee  Primarily formed to support or oppose specific candid  CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	ates or measures in a single election.  CANDIDATE(S) OFF	List below: ISTRICT NO CITY OR COUNTY, AS APPLICABLE	URISDICTION CHECK ONE	ONE
Ballot:	District:		SUPPORT	OPPOSE
			SUPPORT	OPPOSE

Ballot:

District:

#### **Recipient Committee** Statement of Organization

STATEMENT OF ORGANIZATION

FORM	CALIFORNIA
1	111

COMMITTEE NAME Cameron Smyth For City Council 2016 INSTRUCTIONS ON REVERSE I.D. NUMBER 1385277 3/3

## 4. Type of Committee (Continued)

	co drainion and a billian collections of the second of the	Date qualified	
tributor committee. If the	Check box and provide the date this committee qualified as a small contributor committee. If the		Small Contributor Committee
ZIP CODE	CITY STATE	NO. AND STREET C	STREET ADDRESS
	INDUSTRY GROUP OR AFFILIATION OF SPONSOR		NAME OF SPONSOR
		ee List additional sponsors on an attachment.	Sponsored Committee
		ON OF ACTIVITY	PROVIDE BRIEF DESCRIPTION OF ACTIVITY
	s or measures in a single election. Check only one box:  STATE Committee	mmittee  Not formed to support or oppose specific candidates or measures in a single election. Cl  ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee	General Purpose Committee

# 5. Termination Requirements

By sigining 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 expenditure 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.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.