

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

1369459

08/04/2014

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

Termination - See Party of

List I.D. number:

_____ 2014 AUG 19 P 4:09

_____/_____/_____
Date of Termination

Date Stamp

**CALIFORNIA
FORM 410**

For Official Use Only

RECEIVED
CITY CLERKS OFFICE

1. Committee Information

NAME OF COMMITTEE
YES ON S; A COALITION OF COMMUNITY LEADERS FOR SANTA CLARITA'S PUBLIC SAFETY,
FIRE SAFETY, SENIORS, TRANSPORTATION, AND LOCAL BUSINESSES

STREET ADDRESS (NO P.O. BOX) _____ #308

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT) _____

FAX / E-MAIL ADDRESS _____

COUNTY OF DOMICILE
SANTA CLARITA

JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES

2. Treasurer and Other Principal Officers

NAME OF TREASURER

GLORIA DONNELLY

STREET ADDRESS (NO P.O. BOX)

10400 BAYVIEW BLVD #308

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY:

BRADLEY HERTZ

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF PRINCIPAL OFFICER(S)

GLORIA DONNELLY

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 Ca:

Executed on 08/18/14 _____
DATE BY

Executed on _____
DATE BY

Executed on _____
DATE BY

Executed on _____
DATE BY

ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

2 of 3

COMMITTEE NAME
YES ON S; A COALITION OF COMMUNITY LEADERS FOR SANTA CLARITA'S PUBLIC SAFETY, FIRE SAFETY, SENIORS, TRANSPORTATION, AND LOCAL BUSINESSES

I.D. NUMBER
1369459

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

NAME OF FINANCIAL INSTITUTION WELLS FARGO BANK, N.A.	AREA CODE/PHONE	BANK ACCOUNT NUMBER		
ADDRESS 24201 WEST VALENCIA BOULEVARD	CITY VALENCIA	STATE CA	ZIP CODE 91355	

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	
		SUPPORT	OPPOSE
ORDINANCE NO. 14-02 RE: DIGITAL BILLBOARDS (S)	CITY OF SANTA CLARITA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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3 of 3

COMMITTEE NAME

YES ON S; A COALITION OF COMMUNITY LEADERS FOR SANTA CLARITA'S PUBLIC SAFETY, FIRE SAFETY, SENIORS, TRANSPORTATION, AND LOCAL BUSINESSES

I.D. NUMBER

1369459

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.