

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial  
Not yet qualified  or

Amendment  
List I.D. number:

# \_\_\_\_\_

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

Termination - See Part 5  
List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

\_\_\_\_\_  
Date of Termination

Date Stamp	CALIFORNIA FORM <b>410</b>
CITY OF SANTA CLARA	For Official Use Only
2014 AUG 13 P 12:06	
RECEIVED CITY CLERKS OFFICE	

**1. Committee Information**

NAME OF COMMITTEE

*NO on Measure S Committee*

STREET ADDRESS (NO. OR BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

*Los Angeles*

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

*Stephen C. Petzold*

STREET ADDRESS

CITY

NAME OF ASSISTANT TREASURER, IF ANY

*David Barlavi, Esq.*

STREET ADDRESS

CITY

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**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 complete.

Executed on 8/13/2014  
DATE

By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

*NO on Measure 5 Committee*

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I.D. NUMBER

**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 "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
<i>N/A</i>			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
<i>Pending</i>			
ADDRESS	CITY	STATE	ZIP CODE

**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	
<i>City Measure 5 Nov 4 2014 election</i>	<i>City of Santa Clarita</i>	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

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CALIFORNIA FORM **410**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

*NO on Measure S Committee*

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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

*GP ~~GP~~ We oppose Measure S on the November 4, 2014 ballot.  
A Development Agreement Between the city and METRO*

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

*N/A*

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

**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.
- 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.