

Statement of Organization Recipient Committee

Initial
Not yet qualified or

List I.D. number:

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

Date qualified as committee

1378291
07/09/2015
Date qualified as committee
(If applicable)

Date of Termination

Date Stamp
CITY CLERK
15 AUG 12 PM 4:20
CITY OF CARSON

CALIFORNIA FORM 410
For Official Use Only

NAME OF COMMITTEE
Albert Robles for Mayor 2017

STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach, CA 90802 562-983-0815

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS
562-983-0817 gary@crummittandassociates.com

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles

NAME OF TREASURER

Gary Crummitt

STREET ADDRESS (NO P.O. BOX)
525 E. Seaside Way, #101-C

CITY STATE ZIP CODE AREA CODE/PHONE
Long Beach, CA 90802 562-983-0815

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

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.

07/18/2015
DATE
07/18/2015
DATE

DATE

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

2 of 3

COMMITTEE NAME
Albert Robles for Mayor 2017

I.D. NUMBER
1378291

15 AUG 12 PM 1:20

CITY OF CARSON

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

NAME OF FINANCIAL INSTITUTION California Bank & Trust	AREA CODE/PHONE 213-228-1700	BANK ACCOUNT NUMBER
ADDRESS 550 S. Hope St., #100	CITY Los Angeles	STATE ZIP CODE CA 90071

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
Albert Robles	City of Carson Mayor	2017	<input checked="" 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
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410	
3 of 3	
I.D. NUMBER	1378291

COMMITTEE NAME
 Albert Robles for Mayor 2017

CITY OF CARSON
 15 AUG 12 PM 4:20
 CITY OF CARSON

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 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

- 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.