

**Statement of Organization
Recipient Committee**

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CITY OF CARSON

CALIFORNIA FORM 410
For Official Use Only

Statement Type **Initial** **Amendment** **Termination – See Part 5**
 Not yet qualified or
 List I.D. number: # _____
 Date qualified as committee: 08 / 16 / 2016
 Date qualified as committee (If applicable): _____
 Date of Termination: _____

1. Committee Information

NAME OF COMMITTEE
BRANDI MURDOCK FOR CARSON CITY COUNCIL 2016
 STREET ADDRESS (NO P.O. BOX)
249 E. OCEAN BLVD., STE. 685
 CITY STATE ZIP CODE AREA CODE/PHONE
LONG BEACH CA 90802 (310) 567-6134
 MAILING ADDRESS (IF DIFFERENT)
249 E. OCEAN BLVD., STE. 685 LONG BEACH, CA 90802
 FAX / E-MAIL ADDRESS
(213) 489-4818 / dlgoald@gouldorellana.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
LOS ANGELES CITY OF CARSON

2. Treasurer and Other Principal Officers

NAME OF TREASURER
DAVID L. GOULD
 STREET ADDRESS (NO P.O. BOX)
249 E. OCEAN BLVD., STE. 685
 CITY STATE ZIP CODE AREA CODE/PHONE
LONG BEACH CA 90802
 NAME OF ASSISTANT TREASURER, IF ANY
INGRID ORELLANA
 STREET ADDRESS (NO P.O. BOX)
249 E. OCEAN BLVD., STE. 685
 CITY STATE ZIP CODE AREA CODE/PHONE
LONG BEACH CA 90802 (213) 489-4792
 NAME OF PRINCIPAL OFFICER(S)
NADIA MODESTO - ASST. TREASURER
 STREET ADDRESS (NO P.O. BOX)
249 E. OCEAN BLVD., STE. 685
 CITY STATE ZIP CODE AREA CODE/PHONE
LONG BEACH CA 90802 (213) 489-4792

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 8-17-16 By _____
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 08/16/16 By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

I.D. NUMBER

BRANDI MURDOCK FOR CARSON CITY COUNCIL 2016

- 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 [REDACTED]
ADDRESS 550 S. HOPE ST., STE. 100	CITY LOS ANGELES	STATE CA
		ZIP CODE 90071

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
BRANDI MURDOCK	City Council Member: CITY OF CARSON	2016	<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

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Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

BRANDI MURDOCK FOR CARSON CITY COUNCIL 2016

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.