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FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Statement of Organization Recipient Committee Instructions on reverse							ORNIA DRM	410					
COMMITTEE NAME Fossan for La Canada Flintridge City Council 2024	Page 2 LD. NUMBER	ACCIONATION CONTRACTOR CONTRACTOR	Para na Princisco de La General Laboratorio de Santos de de										
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All committees must list the financial institution where the campaign bank account is located.													
NAME OF FINANCIAL INSTITUTION	AREA	CODE/PHONE	BANK ACCOU	INT HUMBER	the fire explicit of the contract of the contr	Control (Marie State Control (Marie State St	errollenders Best Messacher (tibel bistoris sower (tibelde	MIGNIE RANCOMO I THE JAN YN AN TROLINE ELEMANOLIS					
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4. Type of Committee Complete the applicable sections.													
Controlled Committee													
 List the name of each controlling officeholder, candidate, or state also list the elective office sought or held, and district number, if 	e measur	e proponent. If candidate or offi the year of the election.	ceholder	controlled	l,								
List the political party with which each officeholder or candidate	is affiliate	ed or check "nonpartisan." Statir	ng "No pa	rty prefere	ence" is accep	table							
If this committee acts jointly with another controlled committee													
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE	E SOUGHT OR HELD NUMBER IF APPLICABLE)		PARTY CHECK ONE								
tephanie Fossan		City Council Member, La Canada Flintridge 20			Nonpartisan	Partisan	(list political p	arty below)					
			Andre Survey Sur		Nonpartisan	Partisan	(list political p	arty below)					
Primarily formed Committee Primarily formed to support or op	pose sper	elfic candidates or measures in a	single ele	ction Liet	halaw		ralizāras presidenta arrunulai eras	na mnimus services aponar Eventor					
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		CANDIDATE(S) OFFICE SOU (INCLUDE DISTRICT	GHT OR HEL	D OR MEASU	RE(S) JURISDICTIO	И	CHEC	CK ONE					
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Statement of Organization HORW Recipient Committee INSTRUCTIONS ON REVERSE Page 3 LO. NUMBER COMMITTEE NAME Fossan for La Canada Flintridge City Council 2024 Not formed to support or oppose specific candidates or measures in a single election. Check only one box: COUNTY Committee STATE Committee CITY Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY List additional sponsors on an attachment. INDUSTRY GROUP OR AFFILIATION OF SPONSOR NAME OF SPONSOR

Date qualified

5. Termination Requirements by signing the verification, the treasurer, assistant treasurer and/or candidate, afficeholder, or ponent 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;

CITY

This committee has no surplus funds; and

NO. AND STREET

STREET ADDRESS

- 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.

AREA CODE/PHONE

ZIP CODE

STATE