Recipient Cor			۲	1	C C	ALIFORNIA FORM	410
Statement Type	☐ Initial ☐ Not yet qualified or ☐ Date qualification threshold met	Date qualification threshold met		Date of termination  0 4 / 30 / 2024	RECEIVED  MAY 0 1 2024  CITY OF LA CAÑADA FLINTRIDGE CITY CLERK'S OFFICE	For Official Use	Only
1. Committee l	Information I.D. Number	1462751		2. Treasurer and Of	ther Principal Officers		
NAME OF COMMITTEE Friends of Eich	for Council 2024			NAME OF TREASURER Keith Eich			
				STREET ADDRESS (NO P.O. BOX)	La Coñado Flintrid	ge cA	ZIP CODE
				EMAIL ADDRESS OF TREASURER	(REQUIRED)	AREA COD	E/PHONE
CITY  Lo COMAND Pliate  FULL MAILING ADDRESS	idge, se cot	ZIP CODE AREA CODE/PHONE		NAME OF ASSISTANT TREASURE STREET ADDRESS (NO P.O. BOX)	R, IF ANY	STATE	ZIP CODE
OLE WALLING ADDRESS	OF SUFFERENCE			EMAIL ADDRESS OF ASSISTANT 1	TREASURER (REDUIRED)	AREA COS	E/PHONE
E-MAIL ADDRESS OF COM	/ VITTEE (REQUIRED) / FAX (OPTIONAL)			NAME OF PRINCIPAL OFFICER(S)			
Lo> Angoles	JURISDICTION WHERE C			STREET ADDRESS (NO P.O. BOX)	CITY	STATE	Z.P CODE
Attach additional in	nformation on appropriately labe	led continuation sheets.		EMAIL ADDRESS OF PRINCIPAL C	PFF.CER(S) (REQUIRED)	AREA COD	E/PHONE
3. Verification							
I have used all reas	onable diligence in preparing this under the laws of the State of Cal	s statement and to the best o	of m	y knowledge the information	contained herein is true and com	plete. I certify u	nder
	2024 By						
Executed on _04 30				ETREASURER OR ASSISTANT TREASURER			
Executed on	By			DEFICEHOLDER, CANDIDATE, OR STATE MEAS			
Executed on	DATE BY			DEFICEHOLDER, CANDIDATE, OR STATE MEAS			
	DATE	SIGNATURE OF CONTROLS	LING	DEFICEHOLDER, CANDIDATE, OR STATE MEAS	UKE PROPUNENT	FPPC Form 410 !	October/2023)

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Primarily Formed Committee

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.

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				Page 2	
OMMITTEE NAME Friends of Eigh For Council 2024				I.D. NUMBE	
All committees must list the financial institution where the can	npaign bank account is located and	the person(s) authorized	to obtain ba	ank records	
AME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHOR ZED TO OBTAIN BANK RECOR	205	AREA CODE/PHONE	BANK ACC	DUNT NUMBER	
DORESS OF FINANCIAL INSTITUTION	CITY		STATE	ž	ZIP CODE
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 measure proponent. If candidate c any, and the year of the election.	or officeholder controlled			
List the political party with which each officeholder or candidate	is affiliated or check "nonpartisan."	Stating "No party prefere	ence" is accer	otable.	
If this committee acts jointly with another controlled committee,	list the name and identification num	mber of the other control	led committe	ee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR : (INCLUDE DISTRICT NUMBER IF APP		PAR CHECK		
			Nonpartisan	Partisan	(list political party below)

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION

(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

SUPPORT

SUPPORT

CHECK ONE

OPPOSE

OPPOSE

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

	e	

COMMITTEE NAME

Friends of Eich For Council 2024

1.D. NUMBER

	☐ CITY Committee	☐ COUNTY Committe	e STATE Committee	
VIDE BRIEF DESCRIPTION OF	ACTIVITY			
ponsored Committee	List additional sponsors on an atta	achment		
CE OF SDONSOD		l		
VE OF SPONSOR		INDUSTRY GROUP OF	R AFFILIATION OF SPONSOR	
	NO. AND STREET	INDUSTRY GROUP OF	R AFFILIATION OF SPONSOR  STATE ZIP CODE	AREA CODE/PHONE

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, 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;
- · 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.