Statement of Organization Recipient Committee

Statement Type:  
☐ Initial  
☐ Amendment  
☐ Termination – See Part 5

List I.D. number:  
1368180

Date qualified as committee:  
09/01/2014

#  
Date of Termination

1. Committee Information

NAME OF COMMITTEE
Selfridge for Council 2014

STREET ADDRESS (NO P.O. BOX)

CITY
Monterey
STATE
CA
ZIP CODE
93940

Mailing Address (if different)

MONTEREY

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Carole Dawson

STREET ADDRESS (NO P.O. BOX)

CITY
Monterey
STATE
CA
ZIP CODE
93940

NAME OF ASSISTANT TREASURER, IF ANY
Nancy Selfridge

STREET ADDRESS (NO P.O. BOX)

CITY
Monterey
STATE
CA
ZIP CODE
93940

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 this is true.

Executed on 09/13/14 By  
EXECUTED ON DATE

Executed on 09/14/14 By  
EXECUTED ON DATE

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Selfridge for Council 2014

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

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union Bank</td>
<td>(831)373-3756</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1400 Munras Avenue</td>
<td>Monterey</td>
<td>CA</td>
<td>93940</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Selfridge</td>
<td>City Council, City of Monterey</td>
<td>2014</td>
<td>☑ Nonpartisan</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
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</table>