Statement of Organization
Recipient Committee

Statement Type  ☐ Initial  ☐ Amendment  ☑ Termination – See Part 5
Not yet qualified  ☐ or
List I.D. number:

# 1368273
01/17/2015

1. Committee Information
NAME OF COMMITTEE
Elect Timothy Barrett Council Member 2014

STREET ADDRESS (NO P.O. BOX)
565 Hartnell Street, Suite 1292

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Monterey  CA  93940

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Tia Sukin

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE
Monterey  CA  93940

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

3. Verification
I have used all reasonable diligence in preparing this statement and hereby certify that I acknowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of California that the information contained herein is true and complete.

Executed on 01/17/2014  By ____________________

Executed on 01/17/2014  By ____________________

Executed on 01/17/2014  By ____________________

Executed on 01/17/2014  By ____________________

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
Elect Timothy Barrett Council Member 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>Monterey Credit Union</td>
<td>(831)647-1000</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>501 E. Franklin St.</td>
<td>Monterey</td>
<td>CA</td>
<td>93940</td>
</tr>
</tbody>
</table>

4. Type of Committee Complete the applicable sections.

- 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 PROONENT</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>Timothy Barrett</td>
<td>Monterey City Council</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></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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4. Type of Committee  

**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

**Sponsored Committee**  List additional sponsors on an attachment.

**Small Contributor Committee**  
☐ Date qualified  
☐ 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.