Statement of Organization Recipient Committee

1. Committee Information
   NAME OF COMMITTEE
   Reed for City Council 2014; Elect Hansen
   STREET ADDRESS (NO P.O. BOX)
   10 Bonifacio Plaza
   CITY
   Monterey
   STATE
   CA
   ZIP CODE
   93940
   AREA CODE/PHONE
   (831)373-1211
   MAILING ADDRESS (IF DIFFERENT)
   TAX / E-MAIL ADDRESS
   COUNTY OF DOMICILE
   Monterey
   JURISDICTION WHERE COMMITTEE IS ACTIVE
   Monterey

2. Treasurer and Other Principal Officers
   NAME OF TREASURER
   Robert Ward
   STREET ADDRESS (NO P.O. BOX)
   10 Bonifacio Plaza
   CITY
   Monterey
   STATE
   CA
   ZIP CODE
   93940
   AREA CODE/PHONE
   (831)373-1211
   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 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
   By
   Executed on
   By
   Executed on
   By
   Executed on
   By
   Executed on
   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**

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reed for City Council 2014; Elect Hansen</td>
</tr>
</tbody>
</table>

- 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>Wells Fargo</td>
<td>(831)655-0280</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>399 Alvarado St</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 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>Hansen Reed</td>
<td>City Council</td>
<td>2014</td>
<td></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>
Statement of Organization
Recipient Committee

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
  - [x] STATE Committee

**Provide Brief Description of Activity**

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

**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.