Statement of Organization Recipient Committee

Statement Type  □ Initial  □ Amendment  □ Termination – See Part 5

☐ Not yet qualified □ or

☐ Amendment  List I.D. number:

☐ Termination – See Part 5  List I.D. number:

Date qualified as committee  Date qualified as committee (if applicable)  Date of Termination

1. Committee Information

NAME OF COMMITTEE

Haffa For Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

Monterey  CA  93940  (831)

MAILING ADDRESS (IF DIFFERENT)

FAX/E-MAIL ADDRESS

 electhaffa@gmail.co

COUNTY OF DOMICILE  JURISDICTION WHERE COMMITTEE IS ACTIVE

Monterey

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Renee Franken

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

Monterey  CA  93940  (831)

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Alan Haffa

STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/PHONE

Monterey  CA  93940  (831)

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 ___________  DATE  By ____________________________

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on ___________  DATE  By ____________________________

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on ___________  DATE  By ____________________________

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on ___________  DATE  By ____________________________

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (Jan/2016)

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

www.fppc.ca.gov
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Haffa For Council 2016

- 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>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</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>Alan Haffa</td>
<td>Monterey City Council</td>
<td>2016</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>
</tbody>
</table>

FPSC Form 410 (Jan/2016)

FPSC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov