

**Statement of Organization  
Recipient Committee**

**Statement Type**

**Initial**  
Not yet qualified  or

01/30/2010  
Date qualified as committee

**Amendment**  
List I.D. number:

# \_\_\_\_\_  
Date qualified as committee  
(if applicable)

**Termination - See Part 5**  
List I.D. number:

# 1323754  
06/30/2014  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED 2014 JUL 29 A 9:48 CITY OF ANAHEIM	
For Official Use Only	

**1. Committee Information**

NAME OF COMMITTEE  
**LEOS FOR ANAHEIM CITY COUNCIL 2012**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
**Los Angeles, CA 90010**

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
**Orange County**

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

**David Gould**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
**Los Angeles, CA 90010**

NAME OF ASSISTANT TREASURER, IF ANY

**Ingrid Orellana**

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
**Los Angeles, CA 90010**

NAME OF PRINCIPAL OFFICER(S)

**Michelle Moore-Sanders (Assistant Treasurer)**

STREET ADDRESS (NO P.O. BOX)


CITY STATE ZIP CODE AREA CODE/PHONE  
**Los Angeles, CA 90010**

*Attach additional information on appropriately labeled continuation sheets.*

**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 07/17/2014 By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/17/2014 By  SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

<b>CALIFORNIA FORM 410</b>
21 of 3
I.D. NUMBER 1323754

COMMITTEE NAME  
LEOS FOR ANAHEIM CITY COUNCIL 2012

**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  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

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

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

**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.

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

3 of 3

COMMITTEE NAME  
LEOS FOR ANAHEIM CITY COUNCIL 2012

I.D. NUMBER

1323754

**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  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

Date qualified

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