

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

813048038

_____/_____/_____
Date qualified as committee

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee
(if applicable)

_____/_____/_____
Date of Termination

Date Stamp	CALIFORNIA FORM 410
City of Brentwood	For Official Use Only
AUG - 1 2016	
City Clerk	

1. Committee Information

NAME OF COMMITTEE

Friends of Karen Rarey for Brentwood City Council 2016

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Brentwood CA 94513 [Redacted]

MAILING ADDRESS (IF DIFFERENT)

same

FAX / E-MAIL ADDRESS

Karen@Rarey.us

COUNTY OF DOMICILE

Contra Costa

JURISDICTION WHERE COMMITTEE IS ACTIVE

Brentwood, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Karen Rarey

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY STATE ZIP CODE AREA CODE/PHONE

Brentwood CA 94513 [Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

N/A

STREET ADDRESS (NO P.O. BOX)

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

N/A

NAME OF PRINCIPAL OFFICER(S)

Karen Rarey

STREET ADDRESS (NO P.O. BOX)

556 Lakeview Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Brentwood CA 94513 [Redacted]

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 information provided is true and correct.

Executed on 7-19-16 By [Redacted]

Executed on 7-19-16 By [Redacted]

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME
Friends of Karen Rarey for Brentwood City Council 2016

I.D. NUMBER
813048038

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

NAME OF FINANCIAL INSTITUTION BAC Community Bank	AREA CODE/PHONE (877)226-5820	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 740 First St,	CITY Brentwood	STATE CA	ZIP CODE 94513

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Karen Rarey	Brentwood City Council	2016	<input checked="" type="checkbox"/> Nonpartisan
N/A			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
N/A		<input type="checkbox"/>	<input type="checkbox"/>
N/A		<input type="checkbox"/>	<input type="checkbox"/>

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COMMITTEE NAME
Friends of Karen Rarey for Brentwood City Council 2016

I.D. NUMBER
813048038

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

To support Karen Rarey in her run for Brentwood City Council

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

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.