

**Statement of Organization
Recipient Committee**

Date Stamp RECEIVED BY LOS ANGELES COUNTY	CALIFORNIA FORM 410
2022 NOV 29 AM 10:24	For Official Use Only 2022 NOV 30 AM 10:54
CAMPAIGN FINANCE DISCLOSURE SECTION	CAMPAIGN FINANCE G11295

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination 12 / 31 / 21

1. Committee Information				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Sun Marino Parents and Friends for Quality Education				NAME OF TREASURER Steve Summers			
I.D. Number (if applicable) 142.3666				STREET ADDRESS (NO P.O. BOX)			
STREET ADDRESS (NO P.O. BOX)				CITY Atlanta STATE GA ZIP CODE 30327 AREA CODE/PHONE 213-716-4212			
CITY Atlanta		STATE GA		ZIP CODE 30327		AREA CODE/PHONE 213-716-4212	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) Sommerstone@gmail.com				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		CITY STATE ZIP CODE AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				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 information is correct.

Executed on 11/29/22 By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on _____ By _____
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COMMITTEE NAME <i>San Marino Parents and Friends for Quality Education</i>	I.D. NUMBER <i>1423666</i>
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Wells Fargo Bank</i>	AREA CODE/PHONE <i>626-795-3294</i>	BANK ACCOUNT NUMBER <i>9204837174</i>
ADDRESS <i>San Marino</i>	CITY <i>San Marino</i>	STATE <i>CA</i>
	ZIP CODE <i>91108</i>	

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." Stating "No party preference" is acceptable
- 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
			Nonpartisan	Partisan	

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) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

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 quality education by supporting best candidates & measures.

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

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____

Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer, and/or candidate, officeholder, or ponent 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.