

# Statement of Organization Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(If applicable)

Termination – See Part 5

List I.D. number:

# 1380295

12 / 28 / 2016  
Date of Termination

Date Stamp  
**RECEIVED**  
2017 JAN 10 AM 9:50  
OFFICE OF THE CLERK

**CALIFORNIA FORM 410**

For Official Use Only

## 1. Committee Information

NAME OF COMMITTEE

Fred Ameri for City Council 2016

STREET ADDRESS (NO P.O. BOX)

33 Monaco

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 683-2311

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

(949) 858-6807 / jeneve

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

## 2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jen Slater

STREET ADDRESS (NO P.O. BOX)

9070 Irvine Center Drive, #150

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Irvine	CA	92618	(949) 858-7448

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

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 12/28/2016  
DATE

By

*Jen Slater*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/28/2016  
DATE

By

*Fred Ameri*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

Fred Ameri for City Council 2016

I.D. NUMBER

1380295

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

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Bank of America		(949) 753-1154	[REDACTED]	
ADDRESS	CITY	STATE	ZIP CODE	
67 Technology	Irvine	CA	92618	

## 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 PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
F.M. Fred Ameri	City Council Member: Newport Beach	2016	<input checked="" type="checkbox"/> Nonpartisan
			<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
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Fred Ameri for City Council 2016

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I.D. NUMBER

1380295

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.