

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number: _____

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

Date qualified as committee 10/19/2016

Date qualified as committee (if applicable) 1/1/1

Date of Termination 1/1/1

Date Stamp	RECEIVED	CALIFORNIA FORM 410 For Official Use Only
	OCT 19 2016	
CITY OF VILLA PARK		

1. Committee Information

NAME OF COMMITTEE
Robert Pitts for VPCC 2016

STREET ADDRESS (NO P.O. BOX) _____

CITY Villa Park STATE CA ZIP CODE 92861 AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT) _____

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Robert Pitts III

STREET ADDRESS (NO P.O. BOX) _____

CITY Villa Park STATE CA ZIP CODE 92861 AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY
Elizabeth Usker

STREET ADDRESS (NO P.O. BOX) _____

CITY Villa Park STATE CA ZIP CODE 92861 AREA CODE/PHONE _____

FAX / E-MAIL ADDRESS
RPitts3rd@me.com

CITY Orange STATE CA 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 10/19/16 By [Signature] SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 12/19/16 By [Signature] SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME
Robert "Robbie" Pitts for VPce 2016

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

NAME OF FINANCIAL INSTITUTION <i>Wells Fargo</i>	AREA CODE/PHONE <i>714 637 8131</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <i>1775 Sautageo Blvd</i>	CITY <i>Villa Park</i>	STATE <i>CA</i>
4. Type of Committee Complete the applicable sections.		ZIP CODE <i>92861</i>

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, 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
<i>Robert "Robbie" Pitts</i>	<i>Villa Park City Council</i>	<i>2016</i>	<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
<i>Robert "Robbie" Pitts</i>	<i>Villa Park City Council</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>