

**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, 02, 15

Date qualified as committee (if applicable) 1/1/15

Date of Termination 1/1/15

Date Stamp	<p>RECEIVED OCT 05 2015</p>	<p>CALIFORNIA 410 FORM For Official Use Only</p>
CITY OF VILLA PARK		

1. Committee Information

NAME OF COMMITTEE: Rossini for Villa Park City Council 2016
 STREET ADDRESS (NO P.O. BOX): [REDACTED]
 MAILING ADDRESS (IF DIFFERENT): [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER: MARY-BETH A. ELLCYN
 STREET ADDRESS (NO P.O. BOX): [REDACTED]
 NAME OF ASSISTANT TREASURER, IF ANY: [REDACTED]

FAX / E-MAIL ADDRESS: ROSSINI4council@gmail.com
 COUNTY OF DOMICILE: ORANGE, CA
 JURISDICTION WHERE COMMITTEES ACTIVE: VILLA PARK, CA.

STREET ADDRESS (NO P.O. BOX): _____
 CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____
 NAME OF PRINCIPAL OFFICER(S): _____

Attach additional information on appropriately labeled continuation sheets.

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 foregoing is true and correct.

Executed on 10/4/15 By [REDACTED] SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on 10/4/2015 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
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OCT 05 2015
CITY OF VILLA PARK

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Rossini For Villa Park City Council 2016

Page 2
I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
<i>Wells Fargo Bank</i>	<i>(714) 637-8131</i>	[REDACTED]
ADDRESS	CITY	STATE
<i>17775 SHUTLAND BLVD.</i>	<i>VILLA PARK</i>	<i>CA</i>
	ZIP CODE	
	<i>92861</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."
- 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>VINCENT J. ROSSINI</i>	<i>CITY COUNCIL VILLA PARK, CA</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
		SUPPORT	OPPOSE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Rossini For Villa Park City Council 2016

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

Initial or Not yet qualified or Amendment List I.D. number:
 Termination - See Part 5 List I.D. number:
 # _____ # _____

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RECEIVED AND FILED
 In the office of the Secretary of State
 of the State of California
 OCT 08 2015

CALIFORNIA 410 FORM
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OCT 23 2015

RECEIVED BY VOTERS

1. Committee Information

NAME OF COMMITTEE: ROSSINI FOR VILLA PARK CITY COUNCIL 2016
 STREET ADDRESS (NO P.O. BOX): [REDACTED]

2. Treasurer and Other Principal Officers

NAME OF TREASURER: MARY-BETH A. FERLYN
 STREET ADDRESS (NO P.O. BOX): [REDACTED]

MAILING ADDRESS (IF DIFFERENT): [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY: [REDACTED]

FAX / E-MAIL ADDRESS: ROSSINI4evernill@gmail.com
 COUNTY OF DOMICILE: ORANGE, CA JURISDICTION WHERE COMMITTEE IS ACTIVE: VILLA PARK, CA.

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 10/14/15 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
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 DEC 16 2015

CITY OF VILLA PARK

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COMMITTEE NAME

Rossini For Villa Park City Council 2016

Page 2

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VINCENT J. ROSSINI	CITY COUNCIL VILLA PARK, CA	2016	<input checked="" type="checkbox"/> Nonpartisan <input type="checkbox"/> Nonpartisan

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		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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