

Rejected: 78, 7-19-16
 Returned: 1

1387824

Statement of Organization Recipient Committee

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or List I.D. number: _____
 # _____ # _____
 _____/_____/_____ Date qualified as committee
 _____/_____/_____ Date qualified as committee (if applicable)
 _____/_____/_____ Date of Termination

EAB

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State of the State of California
 JUL 18 2016
CALIFORNIA FORM 410
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 in the office of the Secretary of State of the State of California
 AUG 01 2016
R/f

1. Committee Information

NAME OF COMMITTEE
 Friends of Peter Evans for Council 2016
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 Los Altos Hills CA 94022
 MAILING ADDRESS (IF DIFFERENT)
 FAX / E-MAIL ADDRESS
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
 Santa Clara Town of Los Altos Hills

2. Treasurer and Other Principal Officers

NAME OF TREASURER
 Stan Mok
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 Los Altos CA 94022
 NAME OF ASSISTANT TREASURER, IF ANY
 Peter Evans
 STREET ADDRESS (NO P.O. BOX)
 25259 La Loma Drive
 CITY STATE ZIP CODE AREA CODE/PHONE
 Los Altos Hills CA 94022
 NAME OF PRINCIPAL OFFICER(S)
 Peter Evans
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
 Los Altos Hills CA 94022

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 7/15/2016 By [Signature] - Treasurer
 Executed on 7/15/2016 By Peter Evans - candidate
 Executed on 7/15/2016 By Peter Evans - Assr Treasurer
 Executed on _____ By _____

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 TOWN OF LOS ALTOS HILLS

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME
Friends of Peter Evans for Council 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION pending	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS pending	CITY	STATE ZIP CODE

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
Peter Evans	Los Altos Hills Town 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"/>

Statement of Organization
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I.D. NUMBER	

COMMITTEE NAME
Friends of Peter Evans for 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

Supports a candidate for elected city office.

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR n/a		INDUSTRY GROUP OR AFFILIATION OF SPONSOR n/a		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
n/a				

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.