

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial  
 Not yet qualified  
 Date qualification threshold met

Amendment  
 Date qualification threshold met

Termination - See Part 5  
 Date of termination

12 / 31 / 22

**1. Committee Information**

**I.D. Number**  
 (if applicable)  
 Committee to Elect Karin Eugenio, IID Director, Division 5, 2022 #1446745

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**  
 Karin Eugenio

**STREET ADDRESS (NO P.O. BOX)**  
 [REDACTED]

**CITY**  
 [REDACTED]

**STATE**  
 [REDACTED]

**ZIP CODE**  
 [REDACTED]

**AREA CODE/PHONE**  
 [REDACTED]

**NAME OF ASSISTANT TREASURER, IF ANY**  
 [REDACTED]

**STREET ADDRESS (NO P.O. BOX)**  
 [REDACTED]

**CITY**  
 [REDACTED]

**STATE**  
 [REDACTED]

**ZIP CODE**  
 [REDACTED]

**AREA CODE/PHONE**  
 [REDACTED]

**NAME OF PRINCIPAL OFFICER(S)**  
 [REDACTED]

**STREET ADDRESS (NO P.O. BOX)**  
 [REDACTED]

**CITY**  
 [REDACTED]

**STATE**  
 [REDACTED]

**ZIP CODE**  
 [REDACTED]

**AREA CODE/PHONE**  
 [REDACTED]

**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 statements are true and correct.

Executed on 1/31/23 By [REDACTED]

Executed on 1/31/23 By [REDACTED]

Executed on [REDACTED] By [REDACTED]

Executed on [REDACTED] By [REDACTED]

Executed on [REDACTED] By [REDACTED]

Executed on [REDACTED] By [REDACTED]

**CALIFORNIA FORM 410**  
 For Official Use Only  
**MAR. 03 2023**

**DIGITALLY RECEIVED AND FILED**  
 in the office of the California Secretary of State  
**JAN 31 2023**

Date Stamp

FPPC Form 410 (August/2018)  
 FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
 www.fppc.ca.gov

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME	I.D. NUMBER
<p><b>All committees must list the financial institution where the campaign bank account is located.</b></p>	
NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER
ADDRESS	STATE      CITY      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." 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	PARTY	(list political party below)
			Nonpartisan	Partisan	(list political party below)
			Nonpartisan	Partisan	(list political party below)

**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
			SUPPORT	OPPOSE
			SUPPORT	OPPOSE

**Statement of Organization  
Recipient Committee**

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I.D. NUMBER

**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

AREA CODE/PHONE

**Small Contributor Committee**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date qualified

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent 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.