# Statement of Organization

## Recipient Committee

**Statement Type**
- [x] Initial
- Not yet qualified
- [ ] Amendment
- [ ] Termination – See Part 5

**List ID number:**
- #
- # 1376454

**Date qualified as committee:**
- 

**Date qualified as committee (if applicable):**
- 

**Date of Termination:**
- 

### 1. Committee Information

**NAME OF COMMITTEE**
- Friends of Mike Spence for City Council 2018

**STREET ADDRESS (NO P.O. BOX):**
- 

**CITY**
- West Covina

**STATE**
- CA

**ZIP CODE**
- 

**AREA CODE/PHONE**
- 

**MAILING ADDRESS (IF DIFFERENT):**
- 

**CITY**
- West Covina

**STATE**
- CA

**ZIP CODE**
- 

**AREA CODE/PHONE**
- 

**COUNTY OF DOMICILE**
- Los Angeles

**COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**
- 

### 2. Treasurer and Other Principal Officers

**NAME OF TREASURER**
- John Fugatt

**STREET ADDRESS (NO P.O. BOX):**
- Huntington Beach

**CITY**
- Huntington Beach

**STATE**
- CA

**ZIP CODE**
- 

**AREA CODE/PHONE**
- 

**NAME OF ASSISTANT TREASURER, IF ANY**
- 

**STREET ADDRESS (NO P.O. BOX):**
- 

**CITY**
- West Covina

**STATE**
- CA

**ZIP CODE**
- 

**AREA CODE/PHONE**
- 

**NAME OF PRINCIPAL OFFICER(S):**
- Mike Spence

**STREET ADDRESS (NO P.O. BOX):**
- 

**CITY**
- West Covina

**STATE**
- CA

**ZIP CODE**
- 

**AREA CODE/PHONE**
- 

### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Executed on:**
- 6/30/2018

**DATE**
- 

**By:**
- [Signature]

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**
- [Signature]

**Executed on:**
- 6/30/2018

**DATE**
- 

**By:**
- [Signature]

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT**
- [Signature]
**Statement of Organization**

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**
Friends of Mike Spence for City Council 2018

**I.D. NUMBER**
1376454

### 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 "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Spence</td>
<td>West Covina City Council</td>
<td>2018</td>
<td>☒ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only).

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Long Beach</td>
<td>CA</td>
<td></td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
</table>

FPPC Form 410 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
Friends of Mike Spence for City Council 2018

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
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.

FPPC Form 410 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)