

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

9124

RECEIVED BY  
LOS ANGELES COUNTY  
11/31/24  
2024 FEB -2 PM 4:30  
CAMPAIGN FINANCE  
611375

Date Stamp

**CALIFORNIA FORM 460**

Page 1 of 5

For Official Use Only  
01/31/24

Statement covers period  
from 07/01/2023  
through 12/31/2023

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
*(Also Complete Part 5)*
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
*(Also file a Form 410 Termination)*
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1454643

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Friends of Cerritos College - Yes on CC

STREET ADDRESS (NO P.O. BOX)

| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
|---------|-------|----------|-----------------|
| Artesia | CA    | 90701    | (510) 423-4300  |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
|---------|-------|----------|-----------------|
| Oakland | CA    | 94612    |                 |

OPTIONAL: FAX / E-MAIL ADDRESS  
filings@seowenscompany.com

**Treasurer(s)**

NAME OF TREASURER

Stacy Owens

MAILING ADDRESS

| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
|---------|-------|----------|-----------------|
| Oakland | CA    | 94607    | (510) 423-4300  |

NAME OF ASSISTANT TREASURER, IF ANY

Peter Sullivan

MAILING ADDRESS

| CITY    | STATE | ZIP CODE | AREA CODE/PHONE |
|---------|-------|----------|-----------------|
| Oakland | CA    | 94607    | (510) 423-4300  |

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 01/15/2024  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP \_\_\_\_\_

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
Bond Measure for Cerritos College

|                            |   |  |
|----------------------------|---|--|
| BALLOT NO. OR LETTER<br>CC | JURISDICTION<br>Cerritos Community College District | <input checked="" type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|----------------------------|---|--|

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2023</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>12/31/2023</u>                         |                                |
| Page <u>3</u> of <u>5</u>                         | I.D. NUMBER<br><u>1454643</u>  |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Cerritos College - Yes on CC

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>0.00</u>   | \$ <u>15,000.00</u>                        |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | <u>0.00</u>  | <u>0.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ <u>0.00</u>   | \$ <u>15,000.00</u>                        |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | <u>0.00</u>  | <u>0.00</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ <u>0.00</u>   | \$ <u>15,000.00</u>                        |

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|  | Column A            | Column B            |
|--|---------------------|---------------------|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ <u>163.33</u>    | \$ <u>15,536.67</u> |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | <u>0.00</u>         | <u>0.00</u>         |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ <u>163.33</u>    | \$ <u>15,536.67</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>-2,500.00</u>    | <u>0.00</u>         |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | <u>0.00</u>         | <u>0.00</u>         |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>-2,336.67</u> | \$ <u>15,536.67</u> |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy)       | Total to Date |
|--------------------------------------|---------------|
| <u>   </u> / <u>   </u> / <u>   </u> | \$ _____      |
| <u>   </u> / <u>   </u> / <u>   </u> | \$ _____      |

**Current Cash Statement**

|  |                  |
|--|------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>163.33</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | <u>0.00</u>      |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                | <u>0.00</u>      |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | <u>163.33</u>    |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>0.00</u>   |

*If this is a termination statement, Line 16 must be zero.*

|  |                |
|--|----------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ <u>0.00</u> |
|--|----------------|

**Cash Equivalents and Outstanding Debts**

|  |                |
|--|----------------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ <u>0.00</u> |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0.00</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2023</u><br>through <u>12/31/2023</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>4</u> of <u>5</u>      |
|  | I.D. NUMBER<br>1454643         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Cerritos College - Yes on CC

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| S.E. Owens & Company<br>Oakland, CA 94607                           | PRO  |    |                        | 163.33      |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 163.33

**Schedule E Summary**

|  |                 |        |
|--|-----------------|--------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 163.33 |
| 2. Unitemized payments made this period of under \$100   | \$              | 0.00   |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$              | 0.00   |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$</b> | 163.33 |

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                 |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                                    | 07/01/2023 |                                |
| through                                 | 12/31/2023 | Page <u>5</u> of <u>5</u>      |
| NAME OF FILER                           |            | I.D. NUMBER                    |
| Friends of Cerritos College - Yes on CC |            | 1454643                        |

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                      | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| The Lew Edwards Group<br>Oakland, CA 94618  | CNS                               | 2,500.00  | -2,500.00                             | 0.00  | 0.00   |
|   |                                   |   |                                       |   |  |
|   |                                   |   |                                       |   |  |
| <b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b> |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>   |                                   | 2,500.00\$  | -2,500.00\$                           | 0.00\$  | 0.00   |

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** -2,500.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -2,500.00  
May be a negative number

**Statement of Organization  
Recipient Committee**

Statement Type

|   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Initial  | <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Termination - See Part 5 |
| <input type="radio"/> Not yet qualified<br>or<br><input type="radio"/> Date qualification threshold met | Date qualification threshold met   | Date of termination  |
| ____/____/____  | ____/____/____                     | 12 / 31 / 2023   |

5124

RECEIVED  
LOS ANGELES COUNTY  
1/31/24  
2024 FEB -2 PM 1:33  
CAMPAIGN FINANCE

CALIFORNIA FORM 410

For Official Use Only

G11375 01/31/24

| 1. Committee Information  | I.D. Number<br><small>(if applicable)</small>                | 2. Treasurer and Other Principal Officers   |                            |
|---|--|---|----------------------------|
| NAME OF COMMITTEE<br>Friends of Cerritos College - Yes on CC                          |  | NAME OF TREASURER<br>Stacy Owens  |                            |
| STREET ADDRESS (NO P.O. BOX)  |  | CITY<br>Oakland   | STATE ZIP CODE<br>CA 94607 |
| CITY STATE ZIP CODE AREA CODE/PHONE<br>Artesia CA 90701 (510) 423-4300                |  | EMAIL ADDRESS OF TREASURER (REQUIRED)<br>AREA CODE/PHONE<br>(510) 423-4300            |                            |
| FULL MAILING ADDRESS (IF DIFFERENT)<br>Oakland, CA 94612                              |  | NAME OF ASSISTANT TREASURER, IF ANY<br>Peter Sullivan                                 |                            |
| E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)<br>filings@seowenscompany.com |  | STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE<br>Oakland CA 94607                  |                            |
| COUNTY OF DOMICILE<br>Alameda County  | JURISDICTION WHERE COMMITTEE IS ACTIVE<br>Los Angeles County | EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)<br>AREA CODE/PHONE<br>(510) 423-4300  |                            |
| <i>Attach additional information on appropriately labeled continuation sheets.</i>    |  | NAME OF PRINCIPAL OFFICER(S)<br>Felipe Lopez  |                            |
|   |  | STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE<br>Rancho Cucamonga CA 91739         |                            |
|   |  | EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)<br>AREA CODE/PHONE<br>(909) 225-2448 |                            |

**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 Calif

|             |                                   |          |  |
|-------------|-----------------------------------|----------|--|
| Executed on | 01/15/2024<br><small>DATE</small> | By _____ | SIGNATURE OF TREASURER OR ASSISTANT TREASURER                                |
| Executed on | _____<br><small>DATE</small>      | By _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | _____<br><small>DATE</small>      | By _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |
| Executed on | _____<br><small>DATE</small>      | By _____ | SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| COMMITTEE NAME<br>Friends of Cerritos College - Yes on CC | I.D. NUMBER<br>1454643 |
|---|------------------------|

**All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

|  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS<br>First Republic Bank | AREA CODE/PHONE<br>(510) 530-8881 | BANK ACCOUNT NUMBER<br>80014203639 |
| ADDRESS OF FINANCIAL INSTITUTION   | CITY<br>Oakland                   | STATE<br>CA                        |
|  |                                   | ZIP CODE<br>94611                  |

**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<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE          |                          | (list political party below) |
|--|---|------------------|--------------------------|--------------------------|------------------------------|
|  |   |                  | Nonpartisan              | Partisan                 |                              |
|  |   |                  | <input type="checkbox"/> | <input type="checkbox"/> |                              |
|  |   |                  | <input type="checkbox"/> | <input type="checkbox"/> |                              |

**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)<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE                           |                          |
|---|--|-------------------------------------|--------------------------|
|   |  | SUPPORT                             | OPPOSE                   |
| Bond Measure for Cerritos College : CC  | Cerritos Community College District  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   |  | <input type="checkbox"/>            | <input type="checkbox"/> |

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

Page 3 of 3

COMMITTEE NAME  
Friends of Cerritos College - Yes on CC

I.D. NUMBER  
1454643

**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, or ponent 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.