

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial
Not yet qualified or

_____/_____/_____
Date qualified as committee

Amendment

List I.D. number:

1352009

10/01/2012
Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp 12 OCT 12 PM 12:05 SAN DIEGO, CALIF.	STATEMENT OF ORGANIZATION
	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information

NAME OF COMMITTEE

ENVIRONMENTAL HEALTH AND JUSTICE CAMPAIGN FUND WORKING TO ELECT BOB FILNER FOR MAYOR 2012

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NATIONAL CITY, CA 91950

MAILING ADDRESS (IF DIFFERENT)

LOS ANGELES, CA 90010

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

SAN DIEGO

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

CARY DAVIDSON

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 90010

NAME OF ASSISTANT TREASURER, IF ANY

DANIEL ABRAMSON

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

LOS ANGELES, CA 90010

NAME OF PRINCIPAL OFFICER(S)

DIANE TAKVORIAN

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NATIONAL CITY, CA 91950

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 10/08/2012 DATE

Executed on _____ DATE

Executed on _____ DATE

Executed on _____ DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
ENVIRONMENTAL HEALTH AND JUSTICE CAMPAIGN FUND WORKING TO ELECT BOB FILNER FOR MAYOR 2012

2 of 3
I.D. NUMBER
1352009

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER

ADDRESS	CITY	STATE	ZIP CODE

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	
BOB FILNER	Mayor CITY OF SAN DIEGO	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

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STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

3 of 3

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
ENVIRONMENTAL HEALTH AND JUSTICE CAMPAIGN FUND WORKING TO ELECT BOB FILNER FOR MAYOR 2012

I.D. NUMBER

1352009

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

ENVIRONMENTAL HEALTH AND JUSTICE CAMPAIGN

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

ENVIRONMENTAL HEALTH AND JUSTICE

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

NATIONAL CITY, CA 91950

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.