

1340748

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

24

07 / 25 / 11  
Date qualified as committee

# \_\_\_\_\_  
Date qualified as committee (if applicable)

# \_\_\_\_\_  
Date of Termination

Date Stamp  
**RECEIVED AND FILED**  
In the office of the Secretary of State of the State of California  
AUG 18 2011  
DEBRA BOWEN  
Secretary of State

For Official Use Only  
**CALIFORNIA FORM 410**  
CITY OF MERCED  
SEP 2 '11 AM 11:47

1. Committee Information

NAME OF COMMITTEE

MIKE MURPHY FOR MERCED CITY COUNCIL 2011

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MERCED	CA	95348	[Redacted]

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

MERCED

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

GREY B. ROBERTS

STREET ADDRESS (NO P.O. BOX)

[Redacted]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
MERCED	CA	95348	[Redacted]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 8-8-11  
DATE

Executed on August 8, 2011  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Redacted Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By x [Redacted Signature]  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Redacted Signature]  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By [Redacted Signature]  
SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

STATEMENT OF ORGANIZATION

**CALIFORNIA  
FORM 410**

INSTRUCTIONS ON REVERSE

Page 2

COMMITTEE NAME

MIKE MURPHY FOR MERCED CITY COUNCIL 2011

I.D. NUMBER

APPLIED FOR

**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
MIKE MURPHY	CITY COUNCIL	2011	<input checked="" 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		
RABOBANK	[REDACTED]	[REDACTED]		
ADDRESS	CITY	STATE	ZIP CODE	
[REDACTED]	MERCED	CA	95340	

**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

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**CALIFORNIA 410  
FORM**

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME

MIKE MURPHY FOR MERCED CITY COUNCIL 2011

I.D. NUMBER

APPLIED FOR

**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

**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.

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CITY OF MERCED Date Stamp AUG 01 11KZ40	CALIFORNIA FORM 501
For Official Use Only	

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
MIKE MURPHY		[REDACTED]	( )	
STREET ADDRESS		CITY	STATE	ZIP CODE
[REDACTED]		MERCED	CA	95348
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN	
CITY COUNCIL	CITY OF MERCED		PARTY:	
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> Multi-County:	CITY OF MERCED	2011
			(Name of Multi-County Jurisdiction)	(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

\_\_\_\_\_  
(Year of Election) **Primary/general election**      \_\_\_\_\_  
(Year of Election) **Special/runoff election**

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \* August 8, 2011  
(month, day, year)

Signature\* [REDACTED]  
(Candidate)

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Recipient Committee**

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Not yet qualified  or

07 / 25 / 11  
Date qualified as committee

Amendment

List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_  
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(if applicable)

Termination - See Part 5

List I.D. number:  
# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

CITY OF MERCED	AUG 10 11 PM 240	Date Stamp	STATEMENT OF ORGANIZATION
		CALIFORNIA FORM <b>410</b>	For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

MIKE MURPHY FOR MERCED CITY COUNCIL 2011

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

MERCED CA 95348 \_\_\_\_\_

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By X \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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APPLIED FOR

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CALIFORNIA **410**  
FORM

Page 3

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