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Statement of Organization STATEMENT OF ORGANIZATION in the office of the Secretary of State

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CED 2

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CED 2 Type or print in ink **Recipient Committee** Statement Type ☑ Initial ☐ Amendment ☐ Termination - See Part 5 List I.D. number: List LD, number: Not yet qualified \(\square\) or CITY OF MERCED SEP2'11am11:47 Date qualified as committee Date qualified as committee Date of Termination (If applicable) 1. Committee Information 2. Treasurer and Other Principal Officers NAME OF COMMITTEE NAME OF TREASURER GREY B. ROBERTS STREET ADDRESS (NO P.O. BOX) MIKE MURPHY FOR MERCED CITY COUNCIL 2011 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE **MERCED** CA 95348 NAME OF ASSISTANT TREASURER, IF ANY CITY STATE ZIP CODE AREA CODE/PHONE MERCED CA 95348 STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT) ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS NAME OF PRINCIPAL OFFICER(S) COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE STREET ADDRESS (NO P.O. BOX) MERCED CITY STATE ZIP CODE AREA CODE/PHONE Attach additional information on appropriately labeled continuation sheets. 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 period under the laws of the State of California that the foregoing is true and correct at the foregoing is true and correct. perjury under the laws of the State of California that the foregoing is true and correct. Executed on SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

Executed on

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

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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Statement of Organization STATEMENT OF ORGANIZATION **Recipient Committee CALIFORNIA FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER MIKE MURPHY FOR MERCED CITY COUNCIL 2011 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	(INCLUDE DISTRICT NUMBER	YEAR OF ELECTION	PARTY		
MIKE MURPHY	CITY COUNCIL		2011	Non-Partisan	
				☐ Non-Partisan	, , , , , , , , , , , , , , , , , , ,
List the financial institution where the campaign bank account is l	ocated (controlled "candidate electio	n" committees only)			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE BANK ACCOUNT NUMBER		UNT NUMBER		
RABOBANK	•				
ADDRESS	CITY	STATE	ZIP CODE	····	
	MERCED	CA	95340		
Primarily Formed Committee Primarily formed to support or oppos	e specific candidates or measures in a si	ngle election. List below	r		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. C	R LETTER) CANDIDATE(S) OFF	FICE SOUGHT OR HELD O	R MEASURE(S) JURISDICTIO UNTY, AS APPLICABLE)		K ONE
				SUPPORT	OPPOSE
				SUPPORT	OPPOSE

Statement of Organization Recipient Committee

CALIFORNIA 410
FORM

INSTRUCTIONS ON REVERSE	
	Page 3
COMMITTEE NAME	I.D. NUMBER
MIKE MURPHY FOR MERCED CITY COUNCIL 2011	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 Statemen	t Type or Print in Ink.	and the part of th	CANDIDATE INTENTION STATEMENT
	Type of Thit it like	Date Samp	FORM 501 FORM For Official Use Only
	endment (Explain)	Date Simp LI LI SI SI SI SI SI SI SI SI	,
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER FAX N	NUMBER (optional) E-MAIL (optional)	tional)
MIKE MURPHY	()	
STREET ADDRESS	CITY	STATE ZIP CODE	
	MERCED	CA 95348	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	NON-PARTISAN
CITY COUNCIL OFFICE JURISDICTION	CITY OF MERCED	P/	ARTY:
State (Complete Part 2.)			
☐ County ☐ Multi-County:	CITY OF MERCED (Name of Multi-County Jurisdiction)	2011	
	(ivame or multi-county Jurisdiction)	(Year of Election)	
(Year of Election) Primary/general election (Check one box) I accept the voluntary expenditure cei I do not accept the voluntary expenditure Amendment:			
	ceiling in the primary or special election held on:/	and I accept the voluntar	y expenditure ceiling for
(Mark if applicable)			
On/, I contributed pe	ersonal funds in excess of the expenditure ceiling for the election	n stated above.	
3. Verification:			
I certify under penalty of periury unde	r the laws of the State of California that the foregoing is tru	le and correct	
Executed on * August 8, 20),			FPPC Form 501 (April/2011) ine: 866/ASK-FPPC (866/275-3772)

Statement of Recipient Co	Organization mmittee	Type or print in i	nk	· ·	Date Stamp	CALI	FORNIA 410
Statement Type	Mot yet qualified ☐ or	Amendment List I.D. number: #		rmination – See Part 5 . number:	Date Stamp AU AU AU AU AU AU AU AU AU A		or Official Use Only
	Date qualified as comr		ee Da	te of Termination			
1. Committee				2. Treasurer and Oth	ner Principal Off	icers	
MIKE MURPH STREET ADDRESS CITY MERCED MAILING ADDRESS OPTIONAL: FAX/E	Y FOR MERCED CI (NO P.O. BOX) (IF DIFFERENT) -MAIL ADDRESS		A CODE/PHONE	NAME OF TREASURER GREY B. ROBERTS STREET ADDRESS (NO P.O. BO CITY MERCED NAME OF ASSISTANT TREASU STREET ADDRESS (NO P.O. BO CITY NAME OF PRINCIPAL OFFICER STREET ADDRESS (NO P.O. BO	STATE CA RER, IF ANY DX) STATE (S)	ZIP CODE 95348 ZIP CODE	AREA CODE/PHONE AREA CODE/PHONE
	formation on appropriatel	v labeled continuation sheets.		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Executed on	B-8-1 August 8,2	Bv	, x	SIGNATURE OF TO	REASURER OF ASSISTANT TRE	ASURER ATE MEASURE PROPO ATE MEASURE PROPO	NENT
			•	SIGNATURE OF CONTROLLING OFFIC	SEHOLDER, CANDIDATE, OR ST	ATE MEASURE PROPO	NENT

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

STATEMENT OF ORGANIZATION Statement of Organization CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 2 I.D. NUMBER COMMITTEE NAME APPLIED FOR MIKE MURPHY FOR MERCED CITY COUNCIL 2011 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. **ELECTIVE OFFICE SOUGHT OR HELD** NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION PARTY Non-Partisan MIKE MURPHY CITY COUNCIL 2011 ☐ 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** ADDRESS CITY STATE ZIP CODE MERCED CA 95340 Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO, OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE SUPPORT OPPOSE SUPPORT OPPOSE

Statement of Organization Recipient Committee

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INSTRUCTIONS ON REVERSE	Page 3	
COMMITTEE NAME	I.D. NUMBER	
MIKE MURPHY FOR MERCED CITY COUNCIL 2011	APPLIED FOR	
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☐ 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		

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