

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Not yet qualified

Amendment  
List I.D. number: # 1339956

Termination - See Part 5  
List I.D. number: # \_\_\_\_\_

Date qualified as committee: 07 / 25 / 11  
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 03 2011

**CALIFORNIA 410 FORM**  
For Official Use Only

**DEBRA BOWEN**  
Secretary of State

**1. Committee Information**

NAME OF COMMITTEE: Stop SB-48

STREET ADDRESS (NO P.O. BOX): 660 J Street, Suite 250  
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: 916-498-1940  
MAILING ADDRESS (IF DIFFERENT): 14311 Riviera Drive Huntington Beach, CA 92647  
OPTIONAL: FAX / E-MAIL ADDRESS: \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER: John Fugatt  
STREET ADDRESS (NO P.O. BOX): 14311 Riviera Drive  
CITY: Huntington Beach STATE: CA ZIP CODE: 92647 AREA CODE/PHONE: 714-404-6081  
NAME OF ASSISTANT TREASURER, IF ANY: \_\_\_\_\_  
STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_

COUNTY OF DOMICILE: Sacramento  
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE: \_\_\_\_\_

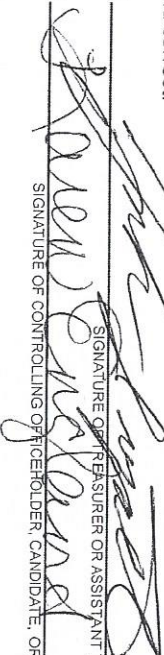
NAME OF PRINCIPAL OFFICER(S): Karen England  
STREET ADDRESS (NO P.O. BOX): 660 J Street Suite 250  
CITY: Sacramento STATE: CA ZIP CODE: 95814 AREA CODE/PHONE: \_\_\_\_\_

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

Executed on 7/25/11 DATE  
Executed on 7/25/11 DATE  
Executed on \_\_\_\_\_ DATE  
Executed on \_\_\_\_\_ DATE

By:  SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
By: \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
By: \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT  
By: \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

R34  
Type or print in ink  
1339956



# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME  
Stop SB-48

## 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	CITY	STATE	ZIP CODE
Wells Fargo Bank	916 782-1211	2043694832	Roseville	CA	95661
2000 Douglas Blvd					

### 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
California State Senate Bill 48		SUPPORT	<input checked="" type="checkbox"/> OPPOSE

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Stop SB-48

## 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.

1339956

Statement of Organization Recipient Committee

Type or print in ink

Statement Type  Initial

Not yet qualified  or

Amendment

List ID. number:

Termination - See Part 5

List ID. number:

STATEMENT OF ORGANIZATION

**RECEIVED AND FILED** in the office of the Secretary of State **CALIFORNIA 410**

JUL 20 2011

Hand Delivered, Sacramento  
Debra Bowen, Secretary of State

For Official Use Only

1. Committee Information

NAME OF COMMITTEE  
Stop SB-48

STREET ADDRESS (NO P.O. BOX)

660 J Street, Suite 250

CITY

Sacramento

STATE

CA

ZIP CODE

95814

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Sacramento

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

John Fugatt

STREET ADDRESS (NO P.O. BOX)

14311 Riviera Drive

CITY

Huntington Beach

STATE

CA

ZIP CODE

92647

AREA CODE/PHONE

714 404-6081

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Karen England

STREET ADDRESS (NO P.O. BOX)

660 J Street, Suite 250

CITY

Sacramento

STATE

CA

ZIP CODE

95814

AREA CODE/PHONE

916 498-1940

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 7/18/11

DATE

Executed on 7/20/11

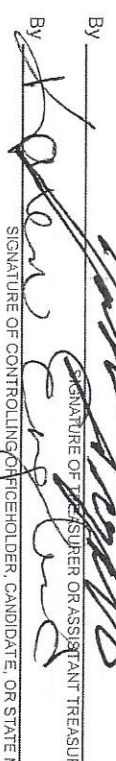
DATE

Executed on

DATE

Executed on

DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Page 2  
I.D. NUMBER

Stop SB-48

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			<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 <b>Wells Fargo</b>	AREA CODE/PHONE <b>916-782-1211</b>	BANK ACCOUNT NUMBER <b>2043694832</b>
ADDRESS <b>2000 Douglas Blvd.</b>	CITY <b>Roseville</b>	STATE <b>CA</b>
	ZIP CODE <b>95661</b>	

**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
California State Senate Bill 48			<input checked="" type="checkbox"/>

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

Page 3

COMMITTEE NAME  
Stop SB-48

I.D. NUMBER

## 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

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