Statement of Organization Recipient Committee			Type or print in ink			STATEMENT OF ORGANIZATION				
						Date Stamp			california 410	
Statement Type	☐ Initial Not yet qualified ☐	or or	★ Amendment List I.D. number: Termination List I.D. number:		rmination – See Part 5 . number:		0.1		For Official Use Only	
	riot yet quanteu _		# 1354254	#	#		CITY CLERK			
	Date qualified as committee		1 , 11 , 13 Date qualified as committee (If applicable)		J te of Termination					
1. Committee	Information				2. Treasurer and O	ther Princi	pal Offi	cers		
NAME OF COMMITT	EE				NAME OF TREASURER					
Committee to	Elect Pomeroy for	ard 2013		James Heringer	-					
	,			STREET ADDRESS						
					245 San Miguel Rd					
STREET ADDRESS	(NO P.O. BOX)				CITY		STATE	ZIP CODE	AREA CODE/PHONE	
2111 E. Mount	ain St				Pasadena		CA	91105	626-793-4727	
CITY		STATE	ZIP CODE AREA CO	ODE/PHONE	NAME OF ASSISTANT TREAS	SURER, IF ANY				
Pasadena		CA	91104 626-791	-7660	Elizabeth Pomeroy					
MAILING ADDRESS	(IE DIEEERENT)	0110+ 020101		STREET ADDRESS						
MIRIEING ADDITEGO	(II DII I CICLIA)				2111 E. Mountain St					
					CITY		STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX/E	-MAIL ADDRESS				Pasadena		CA	91104	626-791-7660	
					NAME AND POSITION OF OT		FFICER(S), I	F APPLICABLE		
COUNTY OF DOMICILE COUNTY WE			RE COMMITTEE IS ACTIVE IF DIFF OF DOMICILE	FERENT	Ellizabeth Pomeroy -	Candidate				
Los Angeles		THAN COOK!			MAILING ADDRESS 2111 E. Mountain St					
A4	nformation on appropri	atalu labalad a	antinuation abouts		CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Attach additional II	поптацоп оп арргорп	atery rabeled t	onunuation sneets.		Pasadena		CA	91104	626-791-7660	
3. Verification I have used all reperjury under the Executed on Executed on Executed on Executed on	easonable diligence e laws of the State o	f California th	this statement and to the bonat the foregoing is true and By By By By	pest of my kno d correct. Juilly	SIGNATURE OF CONTROLLING OF	FTREASURER OR AS FRICEHOLDER, CAND	SSISTANT TRE.	ASURER ATE MEASURE PROF ATE MEASURE PROF	PONENT	
	DATE				SIGNATURE OF CONTROLLING OF	FFICEHOLDER, CAND	IDATE, OR STA	ATE MEASURE PROF	PONENT	

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					g	
OMMITTEE NAME	I.D. NUMBER					
Committee to Elect Pomeroy for School Board 2013	1354254					
. Type of Committee Complete the applicable sections.					,	
Controlled Committee						
List the name of each controlling officeholder, candidate, or st district number, if any, and the year of the election.	ate measure	proponent. If candidate or	officeholder controlle	d, also list the elective	office sought or held	d, and
List the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with which each officeholder or candidate in the political party with the political party w	is affiliated o	check "non-partisan."				
If this committee acts jointly with another controlled committee	e, list the nar	ne and identification number	of the other controlle	d committee.		
		ELECTIVE OFFICE SOUGH	F OR HELD			
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	•	(INCLUDE DISTRICT NUMBER I	YEAR OF ELECTION	PARTY		
				X Non-Partisan		
Elizabeth Pomeroy	PUSI	D Board of Education Distr	2013			
					☐ Non-Partisan	
4						-
Linkly Constitution of the						
List the financial institution where the campaign bank account is	located (con	rolled "candidate election" coi	mmittees only)			
NAME OF FINANCIAL INSTITUTION		REA CODE/PHONE	BANK ACCOUN	IT NUMBER		
Bank of America	16	626-463-0940	325002371	1195		
ADDRESS	CITY	STATE	ZIP CODE			
1687 E. Colorado Blvd	sadena	CA	91106			
Primarily Formed Committee Primarily formed to support or opposition	oose specific o	andidates or measures in a sing	le election. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO.	. OR LETTER)		E SOUGHT OR HELD OR I RICT NO., CITY OR COUN	MEASURE(S) JURISDICTION		
		(INCESSE SIST	KICT NO., CITT OK COOL	(11, AS AFFLIOABLE)	CHECI SUPPORT	OPPOSE

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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OPPOSE

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