Statement of Organization Recipient Committee	Type or print in ink	•	Date Stamp	算 CALIE	
Statement Type	Amendment List I.D. number: #	Termination – See Part 5 List I.D. number: #	C LC	30 11:41AM	or Official Use Only
1. Committee Information		2. Treasurer and Otl	her Principal Offi	icers	
PASA DEVA CAMAILING ADDRESS (IF DIFFERENT) OPTIONAL: FAX/E-MAIL ADDRESS COUNTY OF DOMICILE COUNTY		NAME OF TREASURER STREET ADDRESS CITY NAME OF ASSISTANT TREASURER STREET ADDRESS CITY NAME ADDRESS CITY NAME AND POSITION OF OTHER	STATE STATE STATE	ZIP CODE	AREA CODE/PHONE
Attach additional information on appropriately lat	peled continuation sheets.	CITY	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all reasonable diligence in preperjury under the laws of the State of Californ Executed on 7/29/3 Executed on 7/29/3 Executed on DATE Executed on DATE	paring this statement and to the bearing that the foregoing is true and By	a correct. Ann Mung	TREASURER OR ASSISTANT TRE ICEHOLDER, CANDIDATE, OR ST.	ATE MEASURE PROPO	NENT .

Statement of Organization Recipient Committee

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COMMITTEE NAME			······································		· · · · · · · · · · · · · · · · · · ·	
Stella Murgo	- for	PusD	Scho	1 Bo	ard	2013

1.D. NUMBER 1355 026

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)		PARTY	
·				☐ Non-Partisan	
	****			☐ Non-Partisan	
List the financial institution where the campaign bank account is located	d (controlled "candidate electio	n" 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 sp	ecific candidates or measures in	a single election. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE	TTER) CANDIDATE(S) (INCLUD	OFFICE SOUGHT OR HELD OR M E DISTRICT NO., CITY OR COUN	EASURE(S) JURISDICTION FY, AS APPLICABLE)	CHECK	ONE
				SUPPORT	OPPOSE
				SUPPORT	OPPOSE

Statement of Organization Recipient Committee

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Stella Murga for PWD School Board 2013	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	committee qualified as a

- 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.